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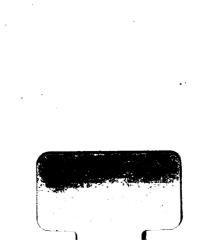
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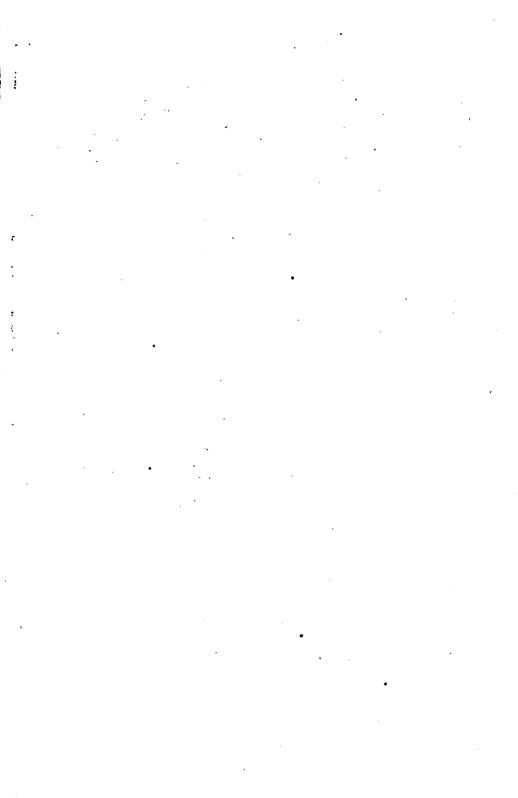
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PRACTICE:

THE JOURNAL FOR THE BUSY DOCTOR.

POINTED, PRACTICAL, PROGRESSIVE.

J. F. WINN, M. D.,

CORRESPONDING SECRETARY MEDICAL SOCIETY OF VIRGINIA,

EDITOR AND PROPRIETOR.

VOLUME V.

RICHMOND:
EVERETT WADDEY CO., PUBLISHERS AND PRINTERS,
1891.

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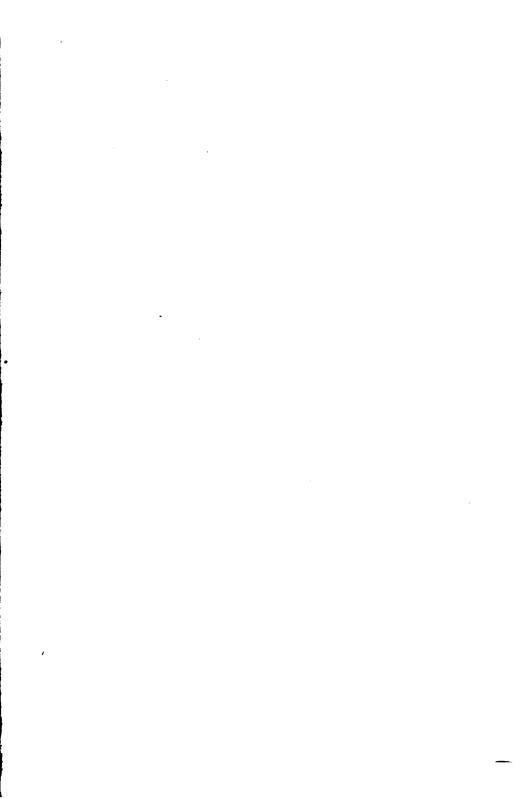
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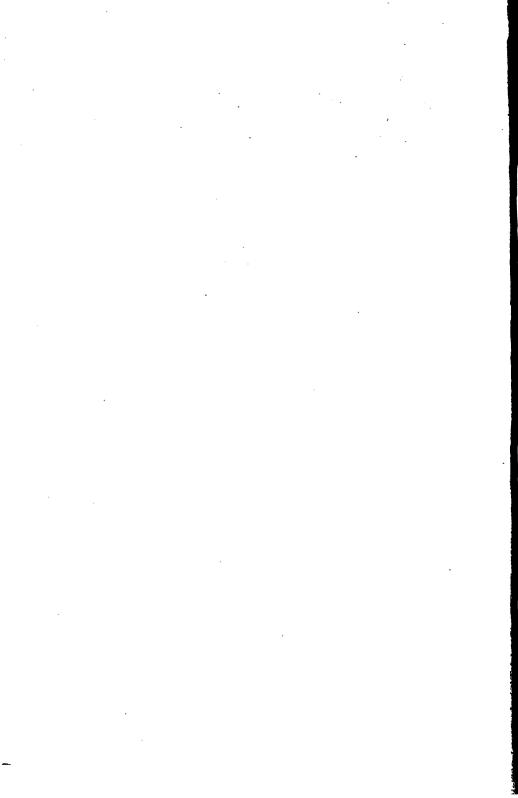
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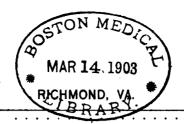
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PRACTICE.



Vol. V.

JANUARY, 1891.

No. I.

Medical Methods and Opinions.

[This is an original and special feature of this journal, and the information presented is obtained by direct application to the author to whom it is ascribed.]

THE PRESENT STATUS OF CEREBRAL LOCALIZATION AND INTRA-CRANIAL SURGERY: AN INTERVIEW.

CHARLES K. MILLS, M. D.,
JOHN B. DEAVER, M. D., AND JAMES HENDRIE LLOYD, M. D.,
PHILADELPHIA.

[The subject of cerebral localization, particularly in its relations to surgical procedure, continues to be of absorbing interest to the profession, as we have not yet in this field passed beyond the stage of experiment, adventure, and mistake. Rapidly increasing physiological, clinical, and surgical experience makes, however, the opinions and conclusions now to be obtained much more valuable than those of a year or two ago.

We are able to place before our readers in this issue of PRACTICE the views of three Philadelphians who have taken a leading position in the study and treatment of intra-cranial lesions. Dr. Mills has for years contributed to the literature of localization clinical and pathological facts drawn largely from the rich material furnished by the Nervous Wards of the Philadelphia Hospital. At the meeting of the American Congress of Physicians and Surgeons held in Washington, D. C., in September, 1888, he opened the discussion on cerebral local-

ization in its practical relations. Dr. Deaver, Demonstrator of Anatomy in the University of Pennsylvania, Professor of Clinical Surgery in the Philadelphia Polyclinic, and Surgeon to several of the largest hospitals in Philadelphia, has had operative experience in intra-cranial cases not surpassed by any, and has also contributed from this experience much valuable material to the literature of brain surgery. Lloyd is Attending Physician to the Philadelphia Hospital, and is also connected with other medical institutions of that city. He is well known in the literature of localization, notable among his contributions being two papers published jointly with Dr. Deaver—one upon a case of focal epilepsy and the other on a case of spinal trephining. These physicians have seen many cases in common, which makes it of greater interest to give their views together in the form of a symposium or conference. They have kindly furnished answers to the various queries, which will be found in the pages which follow.

The first question asked was comprehensive in character—namely? What is the present status of cerebral localization with reference to intra-cranial surgery? Which cases of trephining guided by localization principles have proved most successful, which most disastrous, and in which have the results been of doubtful value? What are your views and experience with reference to cases of tumor, abscess, hemorrhage, and excision of the brain cortex?

Dr. Mills replies as follows:

"Probably as much has not been accomplished by the neurologists for intra-cranial surgery as might have been expected from their energy and enthusiasm; still much has been done in the way of teaching, in clearing away the rubbish of theory, and even in the actual relief of suffering and disease. In many cases of hemorrhage, abscess, and in a few of tumor and unstable cortex without gross lesion, valuable results have been reached, and in a proportion considerably larger than could have been expected before the days of earnest effort to turn cerebral localization to practical account. A statistical study of intra-cranial operations performed during the

last three years might not make a flattering showing, but it would probably be one which would not be just to the subject and its exponents. Some have rushed in spurred by hope and enthusiasm; and others, careful and conscientious. have been compelled to learn important facts by experience. Some of the best practical results probably have been obtained in cases of abscess and hemorrhage. Localization in some of these cases has, independently of external appearances, enabled the best choice to be made of one or more positions for operation. The cases of brain tumor have not given as good results as might have been expected, but chiefly because operations have been postponed too long or have been performed without a proper consideration of constitutional conditions. In one case of brain tumor, in which I recommended prompt operation, the growth was removed more than a year later with fatal result, but probably could have been successfully excised at the time when the procedure was first advised. In syphilitic and tubercular cases too often the presence of diffuse arterial disease, or of disseminated tuberculosis, has not been fully considered. Even in syphilitic cases, however, the neoplasms should sometimes be removed by the knife, having, through the partial or complete shutting off of blood supply, become practically inert foreign bodies. I have had cortical excision performed in two cases; in one, two and one-half years since, the result has been highly gratifying, the patient having so far remained free from convulsive attacks. The other is of too recent a date to give positive conclusions, but so far is greatly improved. In spite of all the advances that have been made, our knowledge and our methods are still wanting in exactness."

Dr. Deaver answers some of the queries as follows:

"Of the lesions, the result of or connected with aural disease which can be successfully trephined, I would mention in order temporo-sphenoidal abscess, sub-periosteal abscess with extension of inflammation, tympanic, mastoid, and cerebellar abscess. In temporo-sphenoidal abscess the place to trephine is from an inch to an inch and a quarter behind the external auditory meatus and the same distance above the base line; for

cerebellar abscess the best place is an inch and one-half behind the external auditory meatus and one inch below the base line. I have had no personal experience in removing brain tumors, but I have seen three cases of this operation in which it was impossible to complete the procedure. In two of these the attempt was unsuccessful on account of the size of the tumor. The surgical practicability of the removal of brain tumors depends upon their size, location and character, not only as to their general accessibility, but also with reference to their position in relation to the sinuses, particularly the lateral sinus. After a tumor has been thoroughly exposed the danger from hemorrhage is very slight. Tumor of the tentorium can be removed in three ways: first, by trephining directly over the lateral sinus, tying the latter at two points and removing the intervening portion; secondly by trephining above the lateral sinus and displacing upward the occipital lobe; thirdly, by trephining below the lateral sinus and cutting away a portion of the cerebellum. A small tumor here could be successfully removed. A tumor back of the orbit is accessible above the supra-orbital margin by cutting away sufficient of the vertical plate of the frontal bone to give free access to the cranial cavity, when the dura mater can either be separated from the anterior cerebral fossa, or divided transversely in the line of the supra-orbital margin; after doing this, displacing the frontal lobe upward, when we are able to see as far back as the optic commissure. In this way, both by the sense of touch and sight, we can exclude intra-cranial aneurism involving either the internal carotid or one of its branches at this locality. A tumor of the cerebellum is accessible below the line of the lateral sinus. A tumor involving the middle lobe of the cerebellum is not operable owing to the part played by this lobe in the formation of the roof of the fourth ventricle. A tumor between the crus and the spinal cord is beyond surgical reach. Syphilitic tumors should only be removed by operation in rare cases. after failure of specific treatment. Cases of tubercular disease may be attacked when a tubercular growth of some size can be located with any approach to accuracy; but in such cases the presence of diffuse tubercular disease should always be carefully studied.

"From an anatomical and surgical point of view the most difficult, extensive and probably the most dangerous trephining that has been performed was one of Horsley's, in which he verified his diagnosis of aneurism. A case of my own of arterio-venous aneurism involving the lateral sinus was trephined with similar success, in operation and in confirming diagnosis, and subsequently the vertebral artery was tied with great relief of the symptoms to date. No special harm can accrue in operating for intra-cranial as for other aneurism, from mere diagnostic puncture of the sac, but touch and auscultation should be sufficient. If asked whether it would not be as well in these cases to tie the supplying extra-cranial vessels on the risk of a correct diagnosis without a resort to skull opening, I would reply that it is a serious matter to tie such vessels without having positive facts to justify the ligation. Unless we had evidence either by localizing symptoms or by examination of the eye-ground, or by the close proximity of the tumor to the wall of the cranium, so as to be able to elicit the characteristic bruit, it might be best to trephine.

"Hemorrhages above or below the dura, the result of rupture of the anterior or posterior branch of the middle meningeal arteries, are most feasible for operation, particularly the former, as from the position of the vessel, if the bleeding is great, the motor localizing symptoms are pronounced. When such hemorrhage is from the posterior branch of the middle meningeal, the chances of success are not so favorable, largely because of the absence of motor localizing symptoms. The clots are equally accessible for trephining. The failures in these cases are due to the fact that, associated with the hemorrhage, we nearly always have a fissured or stellate fracture involving the base of the skull. In the large number of cases that I have trephined, with the exception of three or four, fracture of the skull has been present. Although these cases were complicated by fracture, it was proper to operate, as we now know that fractures at the base of the skull, when treated antiseptically, after the manner of Prof. F. Dennis, sometimes recover. Some cases of hemorrhage involving the brain substance can be successfully trephined, if above the basal ganglia and internal capsule. The best method of stopping hemorrhage from the diplœ is by using antiseptic wax."

Dr. Lloyd replies as follows:

"Many mistakes have been made, and we still have much to learn, but studies in cerebral localization have been of great value to the surgeon and to the physician, particularly in advancing the latter's knowledge of diagnosis. In some regions of the cerebrum and cerebellum we are still unable to accurately localize for surgical purposes lesions of perhaps an inch or more in diameter. I might instance the pre-frontal lobe. Ferrier, in his latest publication, claimed that conjugate deviation of the head and eyes is caused by certain lesions of the frontal lobe, but to make this symptom complete it would seem necessary, from his observations, to destroy almost the whole of this region. We have not then sufficiently exact knowledge of the functions of the frontal lobe to permit us to dogmatize where surgical measures are under consideration. It may also be possible that lesions of the size indicated may exist in some regions of the occipital lobe without giving symptoms that would clearly guide the surgeon's. hand. This is true especially because of the differing opinions still held by experimental physiologists as to the localization of the visual centres in the occipital region. Tumors of the cerebellum produce especially two classes of symptoms—those involving sight, and those affecting equilibrium. cases, however, it does not seem that a positive diagnosis, but only an approximate one, can be made for surgical purposes.

"With reference to excision of the cortex, I have had personal knowledge of three cases. In one success was positive, in another partial, and the third is of too recent date for opinion. In these cases one difficulty is to decide upon the amount of cortex to be removed, one risk arising from not cutting away sufficient."

With reference to some difficulties of diagnosis, Dr. Mills speaks as follows:

"Of all the localizations one of the most difficult sites for absolute diagnosis is the right temporal lobe, for the reason that the functions of this lobe are less active, or less known than those of any other portion of the cerebral mass. The evidences are in favor of auditory localization in the upper left temporal lobe, but in the right audition is probably only a secondary localization analogous to motor speech localization in the right third frontal.

"Among confusing lesions are some at the base of the brain, as forms of ophthalmoplegia, or other cranial nerve palsies, where it is difficult to decide whether thrombus, meningitis, tumor, abscess, or nuclear disease is present."

This question was also asked: What has experience shown with reference to operations, guided or stimulated by neurological studies, in cases of insanity, imbecility, or arrest of development?

Dr. Lloyd:

"In some cases of insanity aural hallucinations have been made the guides for some practical procedures in England and Germany, but my knowledge is not sufficiently full and accurate to state positively what, if any, good can be obtained from such operations. I do not know of any Philadelphia cases of this kind. Trephining has been recommended and performed for general paralysis of the insane, but I do not see how the slight relief from intra-cranial pressure, which is obtained by trephining, could be of permanent benefit in a disease which involves the brain to such a universal extent. In porencephalus, for which some operations have been performed, no great gain can result—first, because the lesion or arrest involves such extensive loss of brain tissue that no relief can be obtained; secondly, because if relief could be obtained, the danger from evacuation of the cerebro-spinal fluid is extreme. If, however, an exploratory trephining is done in such cases, the safe procedure is to tightly close the dura and scalp wound and not provide for drainage. Surgical interference in hydrocephalus has been chiefly due to the zeal of modern surgeons. It is rather too early to pass judgment upon the results of operations for microcephalus. The operation, as devised and performed by Lannelongue, and as done by Keen, consists in removing a long strip of bone. The cases are too recent to allow a final conclusion to be reached. These cases do not depend primarily simply upon lack of development of the cranium, but rather upon arrested development of the nervous system. It does not seem reasonable that by thus removing a narrow strip of bone we can cause improvement. In many of these cases it would be like removing a portion of the shell in order to permit a nut already stunted and half dead to grow. When we have a marked atrophy, or in cases following the exanthematous diseases where the initial lesion is thrombus, it is too much to expect that any operative procedures can help. Relief is possible in some cases of meningeal hemorrhage caused by pressure or trauma at the time of birth, as an epileptic condition might possibly be relieved by removing the organized blood-clot.

"In conclusion, I would like to make one or two remarks about points not directly included in the questions submitted.

"An oedematous appearance is frequently spoken of as seen in the brain immediately after the dural flap has been made, but operators and lookers-on are apt to think they see such a condition of the brain where really none exists. A true oedema of the brain might be present in the case of some obstructive lesion to the venous outflow, but from my observation of many trephining cases such apparent oedema has little practical significance. It may be caused in part by taking off the compressing and restraining brain envelopes, dural and bony.

"It may be possible yet to relieve some cases of obstinate torticollis by cerebral operation, as we have some data for localizing the cortical centres involved in some forms of torticollis. In extreme cases of this distressing malady it might be justifiable to excise such centres with the understanding with the patient and his friends that the operation in our present knowledge is somewhat experimental."

How do you regard the operation of tapping, or of tapping and draining the ventricles?

- Dr. Deaver:

"In my judgment the hope of success from tapping the ventricles is in any case slight. It might be used with advantage, perhaps, in a few cases of abscess and hemorrhage, and would be justifiable from the fact the patient would otherwise die, whereas the operation might give him one chance out of very many."

Dr. Mills:

"I might say here, as I have said elsewhere, that ventricular tapping is on the whole an unphilosophical procedure. It might perhaps be used in a few cases of hydrocephalus with the accompaniment of very gradual compression of a skull reducible in size. The balance of pressure which is usually maintained between the intra- and extra-ventricular cavities is disturbed by such an operation. Nature keeps the cerebrospinal cavities filled with fluid for a good purpose, and tapping the ventricles, and still more continuous drainage of them, can only interfere with a conservative process."

Notes of Hospital Practice.

[Reported by Correspondents Especially Engaged for this Department.]

NEW YORK.

The Cure of Hydrocele.—Prof. John A. Wyeth always cures hydrocele by injections of pure carbolic acid. All the liquid must first be drawn off with an aspirator. About thirty minims of carbolic acid is a sufficient quantity to sear the sac. This is not as painful as might be supposed. The first effect is to cause swelling, which soon subsides. In fifty operations two cases only have failed to be cured by the first injection.

Telephonic Probe.—It is known that Dr. John Girdner, of New York city, has invented a "Telephonic Probe" for determining the location of bullets, particularly within the brain. His instrument is controlled by the Bell telephone patents, and so far he has been unable to gain permission to have it manu-

factured. Lately he has learned to make use of it without violating the Bell patents, by attaching it to the ordinary telephone receiver. This will be glad news to many surgeons who are unable to get the benefit of Dr. Girdner's personal application of the instrument, for up to the present time, owing to circumstances beyond his control, he has had practically a monopoly of its use. Regarding its diagnostic value, Dr. Girdner says it has never failed to give the signal sound so soon as the probe has come in contact with the bullet. It is not so easy, however, to grasp the ball with the forceps, which must be introduced after the probe has been withdrawn. At the suggestion of Dr. Bryant, he is at work trying to construct a combined probe and forceps so that the ball can be grasped while the probe is yet in contact with it. According to Dr. Girdner's observation, a bullet never becomes encapsulated in the brain unless near fibrous tissue, near a sinus; it always migrates, and if situated below the level of the tentorium always proves fatal. If situated elsewhere he would not give up hope.

How to Administer Iodide of Potassium in Nervous Syphilis.—Dr. Landon Carter Gray recently presented a man at the Polyclinic, who gave a history of syphilis acquired some years ago, and who, for a number of weeks before being presented, had shown certain symptoms pointing rather in the direction of syphilitic dementia. He had speech trouble, however, which seemed rather more definite than was usual in general cerebral syphilis. When shown a watch and asked what it was, he seemed to search for the word, but was quite unable to recall it. When asked whether it was a coat, hat or other article, he promptly replied in the negative, and finally when asked whether it was a watch, he said yes, and repeated the word watch. So with other articles. In other words, he had distinct amnesic aphasia with absence of motor aphasia. The man seemed to comprehend what was said to him pretty clearly, and while showing some signs of dementia, of which one indication was a silly grin, Dr. Gray pointed out the fact that this might be only apparent owing to the speech difficulty. The most intelligent man might at first be suspected of dementia if deprived largely of speech.

In connection with this case Dr. Gray showed the necessity for judgment and perseverance in the administration of iodide of potassium in nervous syphilis. He said one should never in such cases, through fear of producing iodine poisoning, commence with so small a dose as five grains. In fact, small doses sometimes produced poisonous symptoms where larger ones did not. He would commence at once with ten, fifteen, or thirty

grains three times a day, and would run the dose up to two hundred grains or more if necessary. It must not be assumed that because the patient showed iodism after reaching a certain amount that he could not take more. Stop the drug a week, then begin again, and it was not unlikely that the amount could be run rapidly up far beyond the previous dose which had produced iodism. Moreover, this increased amount might produce most marked effect on the symptoms while before no results had been noticed. He usually wrote the prescription for an ounce of the iodide for each ounce of water, which made about three-quarters of a grain to the drop, and the patient was instructed to increase the dose by so many drops each day. It was to be largely diluted with water or milk when taken. The patient presented had been taking over two hundred grains three times a day.

A Deceptive Ovarian Cyst.—Dr. H. J. Boldt recently operated on a woman at St. Mark's Hospital for an ovarian tumor, which had given some trouble in diagnosis. When he first examined the patient, some weeks before operating, he could distinctly make out a fluctuating tumor freely movable in the abdominal cavity. Later the patient came into the hospital, but when he searched for the tumor he was unable to find it anywhere. The search was continued about an hour, and he began to doubt his diagnosis, when Dr. Lee examined the woman and at once came upon the cyst. It had descended where it could be readily felt. Dr. Boldt then removed it, and the patient made a perfect recovery. The pedicle was an extremely long one, which enabled the tumor to move about anywhere in the abdominal cavity, and this fact accounted for its successful hiding. It had also enabled the patient to go through a pregnancy without any inconvenience. It was Dr. Boldt's advice, however, in cases of tumors of the ovaries to remove them, and not wait for labor.

How to Save Still-Births.—Dr. William E. Forest has recently related his experience with saving still-births. In many cases it may prove necessary to labor for an hour, or several hours, in bringing back respiration, and it is, he says, of highest importance during that time to retain vital heat. This cannot be done with the child exposed to the air while using the catheter in clearing out the air passages and in using Sylvester's and Schultze's methods. He, therefore places the babe in a bath of hot water, temperature of 100° to 110° F., its head above water, resting between the thumb and forefinger of one hand, the rest of the hand lying across the back. With the other

hand the arms are lifted above the head, which extends and distends the thorax. The mouth having been cleared of mucus, the physician can now bend forward and inhale into the mouth of the child. The air will pass into the lungs, for the pressure of the cervical vertebræ against the æsophagus closes the passage to the stomach. The feet are lifted and the legs pressed to the anterior aspect of the body in expiration. Do not inflate too deeply nor too frequently. Kept in water of this temperature, the child would retain its vitality a long time while artificial respiration was being practised.

Treatment of Dysmenorrhea.—Professor H. Marion-Sims. while lecturing on obstructive dysmenorrhea, said, if it be due to stenosis the cervix will be found perfectly straight, the canal straight, but the mouth of the womb will be narrowed and the The flow is then impeded by the narrowness of the canal. In the treatment of this condition he does not trust to the use of dilators alone to widen the canal, but combines division of the cervix with dilatation of the canal. He overcomes the resistance of the os internum with one swoop of the knife which the dilator will accomplish only after a long time. Besides being the quickest, it is also the most humane procedure from the patient's standpoint, because she experiences no pain from the operation, being etherized. In the operation for simple stenosis of the cervix, take the urethrotome, make a small incision on the right side of the cervix and then another similar incision on the left side, till the sound passes into the uterine cavity with absolute freedom. Then taking the dilator (Sims' dilator is the most practical one of all), introduce it and dilate until the calibre of the cervical canal is about equal to half an inch or so. Then introduce the rubber stem to keep the canal open, leaving it in position for from six to seven days. The operation is not a bloody one in any sense, and is entirely free from risk.

PHILADELPHIA.

In Treating Shock, Dr. T. G. Morton emphasizes the importance of elevating and bandaging the lower extremities for the purpose of forcing as much blood as possible into the body.

What is the Best Method of Inducing Labor?—One of the gentlemen present at Professor Goodell's clinic asked whether, in a case of induced labor, the cervix would be dilated better by the sponge tent than by Barnes' dilator? Dr. Goodell replied: By Barnes' dilator, by all means. Sponge tents are dangerous from causing feetid discharges and septicæmia; they also take

much time, and even then are not certain in their action. But a much better method than either is the introduction into the uterus of a soft catheter between the womb and the bag of waters, and keeping it there until labor pains set in.

Chronic Metritis with Endometritis is treated by Dr. E. E. Montgomery by first dilating the cervical canal with iodoform gauze, pushing it up to and through the internal os and packing the canal tightly. It may be necessary to pack thus as many as three or four times in order to insure a dilatation sufficient to receive the index finger. This he believes to be better than dilating with graduated bougies or dilators with parallel blades. They are apt to bruise and lacerate the walls of the uterus. Second: If there be bleeding, he uses the curette, and then washes out with an antiseptic solution. plication of chromic acid is made and drainage is effected by packing with iodoform gauze. He claims that by such method of treatment more is accomplished than by repeated applications of remedies to the cervical and uterine canal, as is ordinarily done, by wrapping the applicator in cotton, dipping it into a solution, and passing it into the organ; in this method the greater part of the fluid is squeezed out at the external os. and the internal portion receives but little more than the irritation produced by the introduction of the instrument.

The Induction of Premature Labor is considered by Professor Parvin seldom necessary in albuminuria, even in cases that go on to eclampsia. In cardiac cases also he employs it, but exceptionally, but frequently has recourse to it in pneumonious diseases, more especially in acute lung affections, where dyspnœa is a prominent symptom. In obstinate vomiting as well as in chorea it may occasionally be required, but only after all other means have failed.

Chloroform vs. Ether.—Professor Goodell, while performing a cesarean section, said, "We employed chloroform as the anæsthetic in this case; for when we have pressure on the respiratory organs and kidneys, by a tumor of any kind—the pregnant womb is a tumor—I prefer to use chloroform. I use it altogether in the laparotomies at my private hospital. The apparatus which I employ is a very safe one, as the patient gets only a minim of chloroform at each compression of the bellows. Sometimes, after the administration of ether, the kidneys becoming acutely congested, refuse to work; and I have had patients die from uræmic coma from suppression of the urine. Then, again, I have seen fatal ædema of the lungs follow its

use in old people. Chloroform does not have such an injurious effect upon the kidneys or the lungs. Whenever albumen is found in the urine, no matter what the operation, I should always give chloroform in preference to ether. Also in the aged I should prefer the former anæsthetic."

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month.]

Astigmatism Determined by the Ophthalmometer.— Dr. Carl Koller, of New York, so well-known for having brought into use Cocaine, puts in a strong plea for the use of Javal-Schiotz's Ophthalmometer for determining astigmatism:

The ophthalmometer does not require any dilatation of pupils and is not dependent on the chance of circumstances. In less than one minute you can tell with perfect accuracy if there is astigmatism in an eye, you know exactly within 5 degrees how the axis is situated, you know very approximately the amount of astigmatism. You have nothing to do but to place the cylindric glass—it does not matter if positive or negative—in front of the patient's eye, and having so corrected the astigmatism you will find it easy to find the refraction. Javal's ophthalmometer furnishes the greatest accuracy in combination with greatest rapidity of work, and, therefore, it is the instrument of the future.

What is the Best Method for Preventing Infection of Operative Wounds?—Is a question asked and answered by Dr. L. L. McArthur. He ventures the assertion that one-half of the primary wounds under the present methods are dressed aseptically at the time of operation, but that they become infected at the redressing. Here is the fallacy of to-day: Too great carelessness at the redressing permits infection and encourages the skeptical in the belief that there is nothing in the principles of aseptic surgery. He suggests that before the old dressing is removed a stream of 1-1000 of bichloride should be ready and playing on the inner layer of gauze as it is being removed and during the time of exposure of the wound. Having rendered the parts clean, they can best be kept so by providing in addition to the regular dressing a heavy dressing

of absorbent cotton, not with the idea of catching discharge, but with the object of filtering the atmosphere which is to gain access to the wound through the dressings.

Relation of Albuminuria to Puerperal Eclampsia.—According to the experience of Dr. W. S. Gardner, of Baltimore: (1,) The presence of albumen in the urine of a pregnant woman is not sufficient cause upon which to base a prognosis of probable eclampsia; (2,) The failure to find albumen in the urine of the pregnant woman is no evidence of its absence, or at least of the continuance of the absence of the condition that gives rise to puerperal convulsions; (3,) Albumen is so frequently found in considerable quantities in the urine of patients immediately after the appearance of puerperal convulsions that we are justified in making the statement that the convulsions are the probable cause of albuminuria.

Untoward Effects of Antikamnia.—Dr. Smiley reports, in the Texas Health Journal, several cases in which "antikamnia" excited paroxysms of copious sweating, followed by flushes and peculiarly distressing heart failure symptoms, accompanied with facial contortions indicative of approaching convulsions. He advises circumspection in its use in cases of weak heart action. Whiskey and digitalis tided the patient over these symptoms in many instances.

On the Prevention of Shock during and after Operations.—Dr. Stephen Smith writes on this important subject in a recent number of the *Medical News*. The fact is to be deprecated that with the improvement in the treatment of wounds the serious effects resulting from primary and secondary shock have not been diminished; really the mortality seems to have increased. This he ascribes to more prolonged operations, nausea from the anæsthetic and the chilling dressings now applied. Reference is made to the following preventive measures proposed by the American Surgical Association in 1888:

"Wait for reaction; calm the patient by a cheerful word; give stimulants before the anæsthetic; make anæsthesia short; operate as rapidly as practicable; dress quickly; avoid chilling the patient. After the operation apply dry heat; give liquid neurishment, with stimulants and laudanum, by the rectum; inject brandy subcutaneously; by the mouth give aromatic spirit of ammonia, and also black coffee and brandy; secure quiet, a horizontal position, and sleep; assure the patient that all is over and doing well."

In spite of these precautions, which naturally suggest themselves, secondary shock is very liable to occur. To avert the danger of shock Dr. Smith's custom is to prepare the patient by stimulation to the extent of semi-intoxication, and with the excellent result of not having shock to occur as an after-complication in the past ten years he has pursued this method. He gives the stimulant in hot milk, beginning from eight to ten hours before the operation. Such quantities are given, and so frequently, as to secure a state of happy indifference to the operation on the part of the patient. "If the operation is to be at three o'clock in the afternoon, I give directions to commence at six or eight o'clock in the morning. I prefer whiskey to brandy, owing to its slow and persistent operation over a much longer period. If the patient is not accustomed to the habitual use of stimulants, I order an ounce of whiskey every two hours in half a pint of hot milk. If at twelve o'clock, or even at ten, sufficient progress has not been made to render it quite certain that semi-intoxication will be secured at the appointed time, I give an ounce of whiskey in milk every hour during the remaining time. When the requisite effect has been obtained the stimulation should be discontinued. In the case of habitual drinkers I have given two ounces every hour. is important to give the stimulant in hot milk, which will furnish a large supply of easily-digested and readily assimilated food, in a form most useful to sustain the vital energies during the critical period of a severe operation, or during a necessarily protracted operation."

These patients present suffused eyes, a flushed skin, a slow, feeble pulse, and complete indifference to the operation. Every effort is made to keep them warmly covered while on the table, and the anæsthetic is suspended as often as possible. It is his custom to douche the wound with hot water containing the antiseptic at a temperature of about 145° or 150° F. For dressings, materials retentive of heat are applied. His experience is cer-

tainly such as to commend his method.

A few Obstetric Points are given by Dr. George H. Rohé in the Baltimore Medical and Surgical Journal:

Antisepsis means cleanliness. Septic fever after delivery

means neglect of cleanliness.

There is no "milk fever." What has been called by that name is neither more nor less than fever from septic absorption.

During the past three years 377 women were delivered in the Maryland Maternité. Not one of these died of any septic disease.

The treatment of puerperal peritonitis by abdominal incision, flushing and drainage, is gaining ground. The opium treat-

ment is being abandoned for saline purgation.

At the Maternité, Credé's method of preventing ophthalmia neonatorum by applying a one per cent. solution of silver nitrate to the conjunctiva immediately after birth, is used with success.

The old-fashioned "monthly nurse" must go. The clean, neat, intelligent and trained aseptic obstetric nurse is coming

into fashion. Let us help her along in her good work.

Cesarean section and craniotomy: They do not exclude each other but each has its rationally indicated field of usefulness. There are, properly speaking, no operations of election in obstetrics; the indicated operation is the one that must be done.

A disinfectant solution for the hands should contain 1:1000 of mercuric chloride. This is to be used after the hands and arms have been scrubbed with hot water and soap, using a nail

brush vigorously for several minutes.

A vaginal mercuric chloride douche may be of the strength of 1:4000; for intra-uterine use it should not be stronger than 1:5000, injected through Gardner's intra-uterine soft-rubber catheter.

Post-Nasal Obstruction in Children.—Dr. John N. Mackenzie, of Baltimore, in a recent paper on this subject says: The most frequent cause is the adeno-adenoma of the vault of the pharynx. It is generally post-nasal. Obstruction of the nares is incompatible with viability of the feetus. It is most common in children from the fourth to the fifth month. Pliny spoke of it. It grows from the vault of the pharynx as a mass of adenoid tissue, called by the Germans the tissue of Luschka, although discovered by Schneider. It begins by a proliferation, then small tumors appear, which may hang down in the pharynx like stalactites or bunches of grapes. The papillomatous form of pharyngeal growths is more frequently met with in this part of the country, while in patients from the West and Lake regions it presents the greatest varieties of growth. In Boston the stalactite variety predominates. In England he found this very common. The diagnosis is sufficiently easy. It may be confused with a fibroma of the vault of the pharynx, but the treatment is the same. Those who do not make the diagnosis with the rhinoscopic mirror may use the finger. It is like touching an earthworm, and if blood is on the finger when it is withdrawn these two facts will confirm the diagnosis. He uses the forceps which bear his name. When a child is brought to him with nasal obstruction or with symptoms of

non-suppurative otitis media he introduces these forceps without making a diagnosis, and rarely fails to bring away the growths. These growths have a great effect on the child, who breathes through his nose; his nose becomes flattened and he has a frog face. This facial expression is characteristic. As a rule he does not give anæsthetics. Occasionally the hemorrhage is very severe. Dr. Mackenzie has operated on children in arms, three or four months of age.

Practical Obstetrical Don'ts.—Dr. T. Ridgway Barker, of Philadelphia, gives in the *Times and Register* many valuable "Obstetrical Don'ts." The following are selected:

Don't diagnosticate a woman pregnant because enlargement of the mammæ occurs during the first few months following marriage.

Don't accept cessation of menstruation and abdominal en-

largement as conclusive signs of conception.

Don't think " morning sickness" and cervical softening pa-

thognomic of pregnancy.

Don't assert that a female is not pregnant because she has a flow of blood from the uterine cavity at her usual menstrual period: decidua vera and reflexa are not in apposition before the third month.

Don't administer drastic cathartics nor agents likely to unduly excite the muscular walls of the intestinal canal, lest abortion be induced.

Don't insist upon frequent digital vaginal examinations.

Don't disturb mucus in cervical canal.

Don't pass anything, under any pretext, into the cervical canal in even suspicious cases.

Don't introduce a speculum or tampon unless circumstances

demand.

Don't allow sexual intercourse after the third month.

Don't fail to examine urine frequently for albumen and sugar.

Don't think that every woman who is pregnant, and has albu-

minous urine, must therefore have puerperal eclampsia.

Don't mistake abdominal and uterine intermittent contractions for feetal movements.

Don't fail to remove all fœcal accumulations from the rectum before the onset of labor.

Don't disregard the state of the bladder—see that its contents are evacuated.

Don't endeavor, by friction or other means, to hasten delivery in cases pursuing a natural course.

Don't attempt dilatation of the os by mechanical means, unless nature fails or demands assistance.

Don't press upon fundus of uterus during the intervals between pains.

Don't be too anxious to bring about rupture of the membranes.

Don't forget that the worst kind of midwifery is meddlesome midwifery.

Don't fail to follow the uterus as it contracts during the second and third stages with the hand on the abdomen.

Don't deliver the head too abruptly from under the pubic arch; let the face sweep over the distended perineum.

Don't make traction on the neck, but wait for a pain.

Don't forget the head has to undergo external rotation in order that the shoulders may occupy the antero-posterior diameter of the outlet.

Don't fail to stimulate infantile respiration by friction and change of position.

Don't sever the cord until pulsations cease, except in cases associated with severe hemorrhage.

Don't fail to tie the fœtal end before severing.

Don't disturb the placenta for twenty minutes.

Don't allow the uterus to become relaxed.

Don't fail to note the amount of blood lost and its effect upon the parturient.

Don't omit examining after-birth to see that every portion of it has been expelled.

Don't introduce the hand or fingers into the uterus unless occasion calls for it.

Don't allow the nurse to touch the person of the patient unless her hands have been rendered as aseptic as your own—a fact of which you are assured.

Don't think that because you order a thing done that therefore it is done or will be done.

Don't fail to examine, after the third stage of labor, the vagina and perineum for possible lacerations.

Don't put off repairing either, but introduce stitches immediately.

Don't omit warning the nurse about getting soap in the infant's eyes.

Don't permit it to be scrubbed as if it were a kitchen table. Don't depart without examining the outlets of the infant's excretory apparatus to see that they are pervious.

Don't have the child removed from the mother's room—change of temperature is likely to occasion pulmonary trouble.

Don't forget the mother while looking after the child.

Don't put the child to the breast for several hours after delivery, that the mother may have some rest.

Don't allow visits from friends for twenty-four hours, or

longer, if possible.

Don't take for granted, but see that the nurse does not allow a single soiled or damp article of apparel about the patient.

Don't imagine the risk of a change of clothing is as great as

the risk of subsequent infection.

Don't employ ergot in every case after the third stage—wait indications.

Don't fail to order the patient a glass of milk or other easily-digested fluid within two hours after her confinement.

Don't be alarmed by a chill during or at the close of labor-

simply a nervous disturbance.

Don't visit the patient without seeing that the lochia is natural and normal in appearance and amount, and possesses simply its characteristic odor.

Don't allow discharges to accumulate about the external genitalia nor within the vagina, lest they become a source of infec-

tion.

Don't postpone the use of intra-vaginal antiseptic injections an hour after the discharge gives forth a fetid odor.

Don't omit taking pulse and temperature; if both do not fall

after several hours explore parturient canal.

Don't permit the child to be given anything but breast milk

and an occasional drink of water.

Don't allow the child to go more than two hours in the daytime without being fed, and three to four hours at night, during the first six months.

Don't let the child fall asleep at the breast with the nipple in its mouth; nor must the breast be given it every time it cries.

Don't be surprised if breast pumps fail to relieve hard and tender mammæ; they cannot open up choked gallactopherous ducts; such a condition requires persistent friction, massage and hot applications.

Don't grant any one permission to smoke tobacco in the same room with the child, as the fumes are highly irritating to the

eyes and respiratory apparatus of the infant.

Don't have a child wrapped up in articles of clothing that have been dyed, lest the poisonous coloring matter comes in contact with the child's person and a high degree of cutaneous inflammation be excited.

Don't expect to succeed in the practice of obstetrics unless you are faithful, attentive and ever solicitous about the welfare of your patients.

Mosquera's Food Products—Beef Meal, Beef Cacao.—Parke, Davis & Co., whose reputation for original work has long been established, announce that after thorough study of various food products, they can now supply preparations which will fulfill all the requirements for therapeutic and dietetic use.

Physicians in their practice very frequently meet with cases where nutrition is of more importance than medication; in fact, cases where nutrition is the only agent they can count upon. The question of replacing the waste of tissue, where normal nutrition is inefficient, by means of concentrated or predigested foods, is one that always presents many difficulties, there being very few preparations, if any, that meet all the requirements of the medical profession.

Heretofore medical practitioners have had at their disposal a great variety of preparations of meat. These are divisible into four great classes. We have, in the first place, the extracts of meat, prepared after the formula of Liebig; then the so-called meat juices; next, the ordinary powdered meats; and, finally,

the meat peptones.

The ordinary process of preparing meat extracts involves a simple extraction of meat with either warm or cold water, and an evaporation of the resulting solution, continued until reduced to a thick liquid or paste. This extract contains the inorganic soluble salts of the meat, and some stimulating organic matter, but none of the nourishing, flesh-forming albuminous substance.

The meat juices are merely cold extractions of the meat, and such products contain some soluble albumen, which coagulates out upon boiling, and naturally cannot amount to much more than four or five per cent. The meat juices, therefore, possess but little nutritive value.

Powdered meats, as heretofore known, are nothing more nor less than the residue left after extracting all the soluble constituents. Dujardin Beaumetz, and other therapeutists, as a result of a careful line of experiments, concluded that this powder possessed a high nutritive value, and could be employed to advantage in the treatment of certain diseases (consumption and dyspepsia especially). That they are concentrated nutrients is a fact, for beef, in its natural condition, contains seventy-five per cent. of moisture, all of which is driven off in the preparation of the powder. The fact, however, that these powders are liable to become rancid, or else have been deprived of the inorganic salts peculiar to meat in its natural state, which salts are quite essential in the digestive process, is an objection to the meat in this form. Moreover, powdered beef requires just as much effort on the part of the stomach to digest it, as does

ordinary beef, and for this reason cannot be regarded as a proper food for patients suffering with derangement or weak-

ness of the digestive organs.

Another group of meat preparations embraces the meat peptones. Peptone is the ultimate product of digestion, and the form in which the albuminous or proteid matter is assimilated by the system. These peptones are invariably the product of the artificial digestion of meat by animal pepsin and hydrochloric acid, or, although to a smaller extent, by the digestive ferment of the carica papaya. These are the only preparations really valuable as nutrients. But the physician meets here with another difficulty, in many cases insurmountable; the taste of the peptones is, more or less, bitter and objectionable to the palate, so that patients either absolutely refuse to take them, or take them only with the greatest repugnance. Besides this, their price is comparatively so high that frequently the physician is obliged to abstain from prescribing them.

All the difficulties heretofore encountered by the medical profession in the use of pre-digested foods have been overcome by the new food products of the Mosquera-Julia Food Company. Mosquera's Beef Meal contains all the stimulating principles of the extracts of meat, and, in addition, the nutritive principles which the extracts lack; all the albumen of meat juices, without their weakness; all the strength of powdered meats, without their rancidity and insolubility: all the peptones of the

peptonized meats, without their bitterness.

The claims made on behalf of Mosquera's Beef Meal, therefore, cannot be over-estimated; they are based on its analysis

and properties, and may be condensed as follows:

Mosquera's Beef Meal is a perfectly pure, pre-digested meat, containing all the nutritious constituents of good lean beef, half of which are in soluble form, ready for immediate assimilation, and the other half easily digestible by the gastric and pancreatic juices. Therefore the entire preparation, being comparatively dry, is composed of nutritive matter, containing about forty per cent. of soluble peptone and albumose.

It represents, in actual nutritive value, at least six times its

weight of good lean beef.

It is perfectly palatable, and will be tolerated with ease by

the most delicate stomach.

It admits of being administered in a variety of forms, thus avoiding monotony in the food. It is the most nutritious as well as the most economical concentrated food.

It must be understood that Mosquera's Beef Meal is not a ready prepared dish, but rather a raw product. It is nothing more than a concentrated beef, converted by artificial digestion into a form which renders it assimilable upon mere contact with the mucous membranes of the alimentary canal. It, therefore, must be treated by the nurse or cook with the same regard to flavor and taste they would exhibit in the preparation of beef steak. Ordinary beef, if simply boiled in water, would neither yield a palatable bouillon nor be eaten itself; salt and other condiments must be added to it. So, also, in the use of this beef meal, ingenuity has necessarily to be exercised in its preparation. No matter how palatable or nutritious a food may be, unless presented in a variety of forms it will inevitably become monotonous and even repulsive, this being especially true with patients whose digestive organs are in a weak and debilitated condition. If, therefore, the patient is to take the beef meal for a length of time, it must be administered in a variety of forms to insure the benefit of all its nutritious value.

It may be given in different soups, condimented to suit the taste of the patient, as also mixed with biscuit powder or oatmeal porridge and milk and sugar. Again, it may be mixed with chocolate, which makes a delicious beverage, or given in the form of a sandwich, and finally as a plain beef tea, simply

dissolving it in hot water, adding salt.

Mosquera's Beef Cacao consists of equal parts of beef meal, sugar and a superior article of Dutch cacao. It does not require cooking, but may be mixed with warm milk exactly like ordinary chocolate, and so completely is the taste of the beef disguised that it cannot be detected.

To physicians interested, a pamphlet fully descriptive of the special advantages, uses and methods of administration of these preparations will be mailed on request, and samples will be sent to physicians who desire to clinically test them in practice.

Notes Bearing on the Administration of Iron.—Dr. John Aulde, of Philadelphia, has contributed to the N. E. Med. Monthly

the following notes:

"Although iron is highly esteemed as a medicament, and is largely used for its tonic effect upon the system, so frequently does it occur that the patient objects, owing to some idiosyncrasy or fancy, that we cannot regard it wholly as an ideal hæmatinic. No apology, therefore, is required in offering to the profession a comparatively recent preparation, which is free from some of the objections that have been urged against many of the iron preparations now in use. In order to make the reasons which I have to offer clear and distinct to the casual reader, I have deemed it wise to consider briefly some points intimately connected with the pharmacology of the drug. From this preliminary study we shall be in a measure prepared to es-

timate how nearly the new product comes to meeting the defects with which we have had to contend so long, and at the same time it may possibly lead to a more intelligent use of this well-

known remedy.

"Besides the reduced iron, we have in general use the ferric and ferrous preparations, the latter being more mild, less astringent, and free from the objections to the ferric salts—that of coagulating albumin. Lethal doses of the ferric salts used intravenously, in experimental investigations, cause almost immediate paralysis of the central nervous system, fall of blood-pressure, and death. Although the perchloride, when thus used, causes instant death by coagulation of the blood, it does not act in this direct manner when introduced subcutaneously; the nerves are unaffected, but at the points of elimination inflammatory action is set up, e. g., the kidneys, liver, and intestinal mucous membrane show more or less effect.

"Absorption takes place as a peptonate or albuminate, but it is taken up so slowly that no appreciable result follows, unless, as just stated, it may be used intravenously or subcutaneously. Absorption takes place more rapidly in catarrhal conditions of the intestinal tract—a fact to be borne in mind when exhibiting large doses, which cause gastro-intestinal catarrh. Small doses do not have this effect, nor does the metal appear in the urine from their administration, such as may be observed after the ingestion of large doses. It will be inferred from the foregoing that by the exhibition of small doses of a soluble preparation of iron it will be assimilated without causing derangement of the alimentary tract, and in this way the secondary effects, i.e., the deposit of the metal in the system, may be avoided.

"The fact should be kept constantly in view, that metals have a poisonous action upon the nerves, nerve-centres, muscles, and upon all glandular structures; and as iron is a reputed hæmatinic, much harm may result from its injudicious employment, as there are evidently certain toxic effects following the long-continued use of insoluble preparations. This is a rule which applies especially to all insoluble iron preparations, and it is but reasonable to assume that whatever harm has been done through this means may have escaped attention, because few physicians are likely to investigate the presence of factitious diseases. Another factor which has contributed to lessen these evils is the slow process of absorption.

"The foregoing observations apply with equal force to the effects of the drug upon the circulatory apparatus. While copper is an active agent in causing contraction of the blood-vessels, iron produces slow contractions, showing that it is less

irritant (stimulant) to the nervous system. This may possibly be accounted for on the hypothesis that iron is a normal constituent of the blood. Whether this effect is due to irritation (stimulation) of the vaso-motor nerves, central or peripheral, or to a direct action upon the muscular walls of the blood-vessels, is a question still in doubt. My own impression is, that through the influence of the medicament upon the nervecells the large doses, comparatively, arrest their function, when contraction of the muscular structures in the vessels takes place. The ferric salts, owing to their property of coagulating albumin and blood, of course produce more marked effects than the ferrous salts. Digitalis and ergot among the organic, and barium chloride among the inorganic, remedies, well-known as vascular tonics, furnish apt illustrations of this important principle.

"Iron has a tendency to accumulate in the liver; small doses do not show this tendency, but they may serve to increase the functional activity of this organ, when given in a soluble, nonastringent form, by restoring cell-nutrition to the normal.

"The effect of iron upon muscular structure has long been known to experimental physiologists, but I doubt if this knowledge is appreciated by many practitioners, who regard the possible benefits to be derived from the exhibition of iron preparations in proportion to the amount tolerated by the patient. Now, large doses, while they do not affect the irritability of muscular structure, lessen materially the amount of work it is capable of performing, while small doses increase the capacity of muscle for work. What is most to be desired, therefore, is a preparation not open to the objections inferred from these investigations; but owing to the necessity for consulting the palate of our patients, it is also desirable that the substance should be free from the nauseating effects which are so common to all preparations of iron. The combination, I believe, is to be found in that form known as levulose ferride, which was highly recommended to me several years ago by my friend, Dr. James Collins, of this city.

"The preparation known as levulose ferride is one which takes the place of a well-known and popular German product, called Eisenzucker (iron sugar), very extensively used in domestic practice. I was led to the employment of iron-sugar on account of its palatability, fastidious patients and children making no objections to it; but this has been supplanted by levulose ferride, which in the form of tablet triturates will be taken as readily as chocolate bon-bons. It is readily soluble in an excess of water, and practically free from any ferruginous taste or styptic effect when dissolved in the mouth, and is sub-

stantially a peptonate. The method of preparing it is briefly as follows: To a certain amount of iron a measured quantity of malt-sugar (maltose) is added, and the mixture constantly stirred while exposed on a water-bath. While it possesses all the desirable qualities mentioned, the presence of metallic iron may be determined by chemical analysis, the strength of the

product being about three per cent.

"This preparation, it will be apparent, will act much less actively as an astringent than even the ferrous preparations; but, of course, it cannot be expected to take the place of the ferric products, which are sometimes demanded, as in the case of intestinal parasites (sarcina ventriculi and lumbricoides). On the other hand, it will be especially indicated for the relief of anæmia and chlorosis, owing to its ready absorption, lack of astringency, and its palatability. In all cases of defective nutrition, from any cause, where the ingestion of any form of medicament is a trial to the patient, this product will be kindly received. A synopsis of some of the cases in which it is indicated, together with a summary of the effects following its em-

ployment, may prove interesting to the physician.

"During the early summer months, I had under observation a young mother with a six-months old child, who presented a very anæmic condition. I had seen her but once since the delivery of her child, and anticipating that she would not be able to nourish it sufficiently and maintain her health, I had cautioned her in regard to the most appropriate diet. Notwithstanding every care had been used, she was finally compelled to seek medical aid, or go to bed. All that this patient required was something for the purpose of increasing the amount of hæmoglobin, which would restore the integrity of the red corpuscles and improve the oxygen-carrying capacity of the blood. This being most readily accomplished by levulose ferride, she was ordered to take tablets of this preparation, each containing three grains, after meals. To meet the emergency, and increase the patient's strength until such time as the advantages of the iron would be apparent, small doses of strychnine (one-sixtieth grain) were administered along with the iron. Ordinarily, this class of patients, when they begin in the early summer, suffer more or less from the effects of the heat, and become regular patrons of the doctor; but this patient did not make her appearance again for about two months, when she said she thought it was about time to have a little more of the same medicine. may mention in passing, that the first medicine was sufficient only to cover the first ten days, and the patient seemed greatly disappointed that she was compelled to return.

"So many children are so promptly benefited by the use of a small quantity of iron, that it is a great drawback to us that no palatable preparation has been discovered and put on the market. I have in mind a little fellow, who has long been very much averse to eating meat, due, I presume, to defective digestion; but for the past few weeks, since he has been taking the levulose ferride, he seems quite content to eat meat alone, and is becoming strong and robust. Not long ago I had a visit from a lady, who brought with her a young lad, aged fourteen, who had a most forbidding, cadaveric expression, and he could eat no meat. His brother, I was told, had died at about this age from Bright's disease, and this one presented all the symptoms peculiar to the brother who died. Still, with attention to diet. out-door exercise in the country, and a tablet triturate containing three grains of levulose ferride after meals, he made a prompt recovery. Although I was unable to discover any symptoms of Bright's in this instance, I was impressed with the depression due to the anæmic condition; and yet, without some readily assimilable iron preparation, it would have been a tedious process to start him on the way toward recovery.

"Late in the spring of the year, a gentleman, aged about thirty-five, called on me, complaining of dyspepsia, although he had been under the treatment of another physician for overwork for the preceding four years. After regulating his diet, and adopting treatment calculated to restore the activity of the digestive apparatus, he was placed upon levulose ferride along with strychnine sulphate—three grains of the former in tablet form, and one-sixtieth grain of the latter, and did remarkably well on this combination. This product, like all other mild preparations of iron, is mostly indicated in cases of this class, and along with these may be mentioned chorea, convalescence from lingering diseases, like typhoid fever; and in all such instances, I venture to anticipate that the results will be especially favorable where proper attention is given to dietetic

measures.

"The administration of the remedy may be confined to the use of the powder, which is taken dry on the tongue, dissolved in water or coffee; or it will be found more convenient in the form of tablets, each containing three or five grains. The dose for children ranges from three to ten grains, and for adults from five to thirty grains. The Levulose Ferride was obtained through Messrs. Eisner & Mendelson Co., of New York, who import this article."

The Progress of the Koch Treatment Abroad.—The Medical Record gathers from its foreign exchanges that tuberculosis of

the larvnx is, according to Gerhardt, more amenable to treatment by lymph than ordinary tuberculosis of the lungs. In the opinion of Leyden, on the whole, the diagnostic value of the remedy can be accepted. Nevertheless, it is not absolute. He has found nontubercular patients developing reaction, and also tubercular patients without it. He is also of opinion that the prognosis of cases subjected to lymph treatment cannot be positively stated from the manner of their reaction. We cannot as yet say that a strong reaction means much tubercular tissue and a mild one only a little of it. Nor is he willing to proclaim a patient as cured when reactions have ceased. As regards ordinary phthisis, the well-advanced cases were not at all benefited by the treatment. In the earlier stages some patients did well and others were very much improved. He would regard a patient as cured only if he remains free from relapses for several years. It is to be remembered that the early stages of phthisis are amenable to treatment by ordinary methods hitherto employed, and that it is precisely in this stage that the lymph treatment has given its most promising results. Finally, he says that it would be wrong to neglect older methods and employ the Koch treatment exclusively. He agrees with Fraentzel in the statement that the lymph leads to such extraordinary manifestations that every day new impressions of its power and manifold action are received. It is to be hoped that the lymph may yet turn out to be a true specific for tuberculosis.

Professor v. Ziemssen is more favorably impressed with the curative properties of the lymph than some of his German confrères. He has had one hundred and forty cases under observation. Hyperæmia of the conjunctiva palpebrarum was often noticed. The spleen was frequently found enlarged. The weight of the body diminishes, probably on account of the febrile reactions. No perceptible effect on the number of bacilli in the sputum could be found. Cough, at first increased, later

diminishes so that narcotics can be discontinued.

Czerny, of Heidelberg, believes that advanced cases of phthisis can only be injured instead of being benefited by the lymph. He has seen, in surgical cases, violent local reaction without constitutional symptoms, and also the opposite phenomena, of general symptoms without appreciable local change.

Ebstein, of Göttingen, sees a contra-indication for the use of lymph in the presence of intestinal or peritoneal tuberculosis, on account of the great danger of sloughs, leading to perfo-

ration.

Virchow says the lymph is dangerous in children and very old people. But he believes it may be possible to effect a cure in the very earliest stages of phthisis.

Politzerization.—Dr. H. MacNaughton Jones, in the *Medical Press and Circular*, suggests the following hints as to Politzer's method of treatment of inflating the tympanum:

1. Let the patient be seated; at times patients become

slightly giddy on inflation of the tympanum.

2. Make the patient swallow some sips of water in rapid succession, or pronounce through the nose the vowel "o" a few times; this assists in opening the Eustachian tube, and is a form of "gymnastics" of the palatal muscles.

3. Incline the head to either side; inflate through the nos-

trils opposite to the side to which the head is inclined.

4. Direct the current horizontally.

5. Experimentally ascertain whether any form of nasal phonation or the act of deglutition best dilates the aperture of the Eustachian tube. Adopt this method with the individual case.

6. After Politzerization make the patient again swallow sev-

eral sips of water.

7. With children, phonation is the best act to take advantage of; we can, as a rule, inflate when the child cries; with the auto-inflating bag there is seldom any difficulty; children quickly learn to inflate the middle ear.

He also enumerates the conditions in which the method of Politzer will be found of the greatest assistance in treatment:

1. In temporary collapse or closure of the Eustachian tube from catarrh of the naso-pharynx.

2. In collapse of the Eustachian tube from enervated states of the tubal muscles.

3. In chronic catarrhal conditions of the naso-pharynx and attendant chronic catarrhal conditions of the tympanum.

4. After intra-tympanic alkaline injections or douchings of the Eustachian tube.

5. After the use of the Eustachian catheter or bougie.

6. In chronic perforation of the membrana tympani, after cleansing of the middle ear, and before applying an artificial membrane.

7. After removal of impacted cerumen.

8. For cases of tinnitus dependent upon abnormal states of the middle ear.

9. For similar cases attended by vertigo.

10. For temporary deafness which attends on sea-bathing or diving.

11. In cases of deafness dependent upon obstructed nasal respiration.

12. In collapse of the membrana tympani.

13. In those cases of "progressive deafness" in which there is some degree of fixation or rigidity of the ossicles.



Vol. V.

JANUARY, 1891.

No. 1.

Editor-J. F. WINN, M. D.-Proprietor.

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Brand's Treatment of Typhoid Fever.

From time to time we have made reference to the happy results to be derived from the systematic use of cold baths in typhoid fever after the plan suggested and practised by Brand. Perhaps no other physician in this country has followed Brand's treatment with better success than Dr. J. C. Wilson, of Philadelphia, and we are glad to be able to give his experience with it as contained in an elaborate paper recently read by him before the Lycoming Co. Medical Society, at Williamsport, Pa.

First of all, What is the method of Brand? It consists of the following systematic procedure:

Whenever the temperature taken in the rectum reaches 102.2° F. the patient is placed in a bath of 65° F. A compress, wet with water about five degrees lower, is placed upon the head, or water at a lower temperature is poured upon the head and shoulders. The patient remains in the bath fifteen minutes. during which time he is systematically rubbed by the attendants and encouraged to rub himself. At the expiration of that time he is removed from the bath and wrapped in a coarse linen sheet over which a blanket is folded, the extremities being

thoroughly dried and rubbed. A little wine or spirits is then given. This is repeated every three hours, unless the temperature remains below 102.2° F. The alimentation is liquid, nutritious, and carefully regulated. No drugs are administered.

Figures tell facts, and, by comparing the hospital statistics made up from the observations of many different physicians, they become convincing. Thus the total number of cases treated in the London hospitals for a given time by the expectant and symptomatic methods of treatment was 13,936, with a death rate of 17.8 per cent. Dr. Murchison reports about the same percentage of deaths. Jaccound's collection gives 80,140 cases treated on the expectant plan, with a mortality of 19.23 per cent. The General Hospital at Vienna shows a mortality of 22.5 per cent.; the hospital at Basle 27.3 per cent., and coming nearer home, there were treated in the New York hospitals for a given period 1,305 cases with a minimum mortality of 20.1 per cent. in one year and a maximum of 30 per cent. in another year.

In striking contrast to the foregoing figures which represent the results of the expectant and symptomatic treatment are the statistics based upon strict cold baths according to the method of Brand by himself, Jurgensen, Vogel and others, showing 1,223 cases with a mortality of only 1 per cent., and the further fact that not one of the fatal cases came under treatment before the fifth day.

The question naturally arises, What is the effect upon the course of the disease in cases treated from the beginning—that is, before the fifth day?

Brand declares that the classical picture of typhoid fever is no longer seen; and it is Dr. Wilson's experience that Brand's statement is true of cases in which treatment is instituted at a later period, even so late as the middle of the second week. He has found that after six or eight baths delirium ceases, stupor gives way to light somnolence from which the patient is easily aroused with a bright expression and a clear mind. The tongue becomes moist and clean and remains so. There is desire for food, and very commonly a complaint of hunger. The abdo-

men is not tympanitic. Diarrhea is rarely excessive or troublesome. In short, there remains, in the words of Brand, of the ordinary picture of typhoid nothing more than (a) a moderate fever. (b) an unimportant bronchial catarrh. (c) enlargement of the spleen, (d) the rose rash, and (e) infiltration of the intestinal glands. Everything else is prevented, and what might have been a severe case runs its course as a mild one if the patients are brought under treatment sufficiently early. Exceptions to this statement occur only when complications develop at the onset. There are rapid wasting and progressive anæmia, it is true, as in all prolonged febrile diseases, but severe enteric fever is changed to mild, the mild to a still milder form. This, he believes, is brought about through the control of the temperature and by preventing disturbances of normal func-The treatment is directed against the typhoid process as an entirety.

Dr. Wilson asserts that it not only reduces the temperature, but that the repetition of the bath also controls the temperature and keeps it down. The bath does even more than this. acts upon the nervous system in such a manner as to enable it to withstand the toxic influences of the infecting principle and the products of its evolution. This it does by the action of cold water upon the peripheral nerve-endings, a reflex stimulus being transmitted to the nerve-centres presiding over the circulation, respiration, digestion, excretion and nutrition. general reinforcement of function is shown by improved action of the heart, the first sound continuing distinct, the pulse being slower and more regular, and the improvement in the arterial tension showing itself by an absence of dicrotism; by persistence of appetite and digestive power, permitting freer alimentation without gastric disturbances; by deepening and slowing of the respiration; and by the absence of nervous symptoms, the increased excretion, the prevention of complications, and the rapid convalescence.

It must be remembered that every attempt to deviate from the routine treatment as above laid down is followed by less satisfactory results. The treatment stands by itself as a definite

procedure, to be distinguished from treatment by graduated baths, the cold pack, cold affusions, spraying, and other hydrotherapeutic measures. Especially is it to be looked upon as something distinct and different from the antipyretic treatment. Upon this Brand and his followers insist.

To those who see this treatment practised for the first time, it indeed seems heroic, for the reason that preconceived notions in regard to the management of typhoid fever cases are violated. It demands conviction on the part of the physician, and the courage of conviction to continue; but, says he, it is only when the favorable effect upon the condition of the patient is seen, and when we reflect that in every hundred cases at least ten lives which would be lost under the expectant-symptomatic treatment are saved by strict cold bathing, that we dare to proceed.

The Status of Koch's Treatment in a Nutshell.

Dr. Græfe, of Sandusky, O., supplements his graphic Berlin letters to the *Record* by giving his observations up to the date of his departure for home. Under date of January 5th he concludes a special correspondence in these words:

"There is no doubt but that the lymph will produce an inflammatory action in and about tubercular tissue, but it is not scientific or reasonable to expect more than this, especially as Koch himself assures us that it will not kill the bacilli which he considers the cause of the disease. Its diagnostic value must be great, for its aid in differential diagnosis will be valuable, and in every case it is easier to make an injection than to make a microscopical examination for bacilli.

"The therapeutical value, according to experiences up to date, would seem to be limited to superficial tubercular ulcerations, or those which can be made so by the surgeon, except in those early cases which are seldom diagnosed, where the tubercular deposits are so small that they can be destroyed or stimulated to absorption by the local congestion produced by the lymph, without endangering the system by this absorption.

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"As to anything more than this, the authorities abroad seem to be agreed that it will be a matter of time to determine if the results attained will be permanent and if the lymph will ever take a place as a therapeutical agent in the future except as mentioned above."

Our Special Feature.

It is known to our readers that we inaugurated some time ago a department designed to give in the form of special interviews the methods and opinions of recognized authorities in the several medical centres of the country. It puts the reader and the authority interviewed into more personal contact; and, by the directness of the questions asked and the answers given, it enables us to give in the most concise manner just the information that the general practitioner wants.

Such is the value and popularity of this original feature, we have planned to make it our leading department, and in this connection it gives us pleasure to refer to the list of names found on advertising page xiii, showing from whom interviews may be expected during the current year. Other names will be added as engagements are made, and, with such a rich mine to be explored, we feel warranted in promising for 1891 the most valuable nuggets to be found in any journal of the South.

In this issue we present, in answer to our several interrogatories, the views of three Philadelphians, whose experience in cerebral localization and intra-cranial surgery gives authoritative value to the opinions expressed.

Dr. Mattison's Prize.

With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of Brooklyn, offers a prize of \$400 for the best paper on "Opium Addiction as Related to Renal Disease," based upon these queries: Will the habitual use of opium, in any form, produce organic renal disease? If so, what lesion is most likely? What is the rationale? The contest is to be open for two years from Dec. 1, 1890, to either sex, and any school or language. The prize

paper is to belong to the American Association for the Cure of Inebriety. All papers to be in possession of the Chairman of Award Committee on or before January 1, 1893.

A Free Education or One Year's Travel in Europe.

In The Queen's "Word Contest," which the publishers of that magazine announce as the last one they will ever offer, a free education, consisting of a three years' course in any Canadian or American seminary or college, including all expenses, tuition and board, to be paid by the publishers of The Queen, or one year abroad, consisting of one entire year's travel in Europe, all expenses to be paid, will be given to the person sending them the largest list of words made from the text which is announced in the last issue of The Queen. that a special deposit of \$750 has been made in the Dominion Bank of Canada to carry out this offer. Many other useful and valuable prizes will be awarded in order of merit. The publishers of The Queen have made their popular family magazine famous throughout both Canada and the United States by the liberal prizes given in their previous competitions, and they intend to make it excel all others as regards the value of the Send six two-cent U.S. stamps for copy of The Queen containing the text, complete rules, and list of prizes, addressing The Canadian Queen, Toronto, Canada.

The Atmospheric Tractor.

This ingenious device merits the attention of every thoughtful physician. The principles of its construction and use appear to be scientifically unassailable, and its successful application in practice would appear to be merely a matter of care in details. It is constructed of soft rubber, and cannot injure or lacerate the maternal or infantile tissues. It can be rendered thoroughly aseptic after each time of using, by the most ordinary methods of purification.

It may not supersede the forceps entirely, as its inventor claims, but it seems to be a substitute for them in many cases, and to be often available where other instruments would not be used by the judicious practitioner.

Koch's Lymph Made Known.

Just as we go to press the cable brings the news that Koch has at last given to the world the composition of his lymph. He says:

"As long as it was only a question of proving the accuracy of my indications, it was needless for any one to know what the remedy contained or whence it was derived. On the contrary, the subsequent testing would necessarily be more unbiased the less people knew of the remedy itself. Now, after sufficient confirmatory testing and the importance of the remedy is proved, my next task is to extend my study of the remedy beyond the field where it has hitherto been applied and if possible to apply the principle underlying the discovery to other diseases. This task naturally demands a full knowledge of the remedy. I therefore consider that the time has arrived when requisite indications in this direction shall be made. The remedy used in the new treatment consists of a glycerine extract derived from the pure cultivation of tubercular bacilli."

Editor's Library Table.

The Modern Treatment of Headaches. By Allan McLane Hamflton, M. D., of New York.

This is a practical number of the Physicians' Leisure Library Series and represents the experience of one recognized as authority on the subject of which it treats. The price of this series is \$2.50 a year or 25 cents per single copy. George S. Davis, Detroit, Michigan, Publisher.

Essentials of Minor Surgery and Bandaging, with an Appendix on Venereal Diseases. By Edward Martin, B. M., M. D., Instructor in Operative Surgery, University of Pennsylvania, Surgeon to the Howard Hospital, Assistant Surgeon to the University Hospital, etc. Illustrated. Philadelphia: W. B. Saunders, Publisher.

Essentials of Diseases of the Eye, Ear and Throat. By EDWARD JACKSON, A. M, M. D., Professor of Diseases of the Eye, Philadelphia Polyclinic, and E. BALDWIN GLEASON, S. B., M. D., Surgeon in charge of the Nose, Throat and Ear Department of the Northern Dispensary of Philadelphia, etc., etc. With illustrations. Philadelphia: W. B. SAUNDERS, Publisher.

Essentials of Examination of the Urine: Chemical and Microscopical. By LAWRENCE WOLFF, M. D., Physician to the German Hospital of Philadelphia, Demonstrator of Chemistry, Jefferson Medical College, etc. Colored plate and numerous illustrations. Philadelphia: W. B. SAUNDERS, Publisher.

Essentials of Diseases of the Skin: Including Syphilodermata. By HENRY W. STELWAGON, M. D., PH. D., Attending Physician to the Philadelphia Dispensary for Skin Diseases, Physician to Department Skin Diseases Howard Hospital, etc. Illustrated Philadelphia: W. B. SAUNDERS, Publisher.

Essentials of the Diseases of Children. By WILLIAM M. POWELL, M. D., Physician to the Clinic for Diseases of Children in the Hospital of the University of Pennsylvania, etc., etc. Philadelphia: W. B. SAUNDERS, Publisher.

Essentials of Gynecology. By EDWIN B. CRAGIN, M. D., Attending Gynecologist to the Roosevelt Hospital, Out-patient Department, Assistant Surgeon to the New York Cancer Hospital, etc. With 58 illustrations. Philadelphia: W. B. SAUNDERS, Publisher.

Taking Saunders' Series of Question Compends as a whole, the system is a marvel of condensation. The questions are clearly and distinctly stated, showing that the respective authors are experienced teachers, or that they are in a position to appreciate the difficulties often encountered by students at examination on account of the vague manner in which questions are put to them. They are handsomely printed, uniform in binding, and models of their class.

Wood's Monographs for December, 1890. WILLIAM WOOD & Co., 56 and 58 Lafayette Place, New York.

This number contains "Practical Guide to the Demonstration of Bacteria in Animal Tissues," by Dr. H. Kühne; "The Present Position of Antiseptic Surgery," by Sir Joseph Lister; "Cancer and its Complications," by Charles Egerton Jennings; "Treatment of Epilepsy," by Dr. Charles Féré; and, what is perhaps of most interest at the present time, "Handbook to Dr. Koch's Treatment in Tubercular Disease." The price is one dollar.

A Compend of Diseases of Children. By MARCUS D. HATFIELD, A. M., M. D., Professor Diseases Children, Chicago Medical College, etc. With a colored plate. Philadelphia: P. BLAKISTON SON & Co. Price, \$1.00.

This is No. 14. of Blakiston's popular Quiz Compends, especially adapted for the use of Medical Students. The first thing that meets our eye in this number is the excellent colored diagram of fetal circulation. The author tells us that a series of lectures, condensed, furnishes the material for this Compend, and a most excellent condensation it is. Though especially designed for students, it will prove valuable for practitioners as well.

A Text-Book of Comparative Physiology. For students and practitioners of comparative (veterinary) medicine. By Wesley Mills, M. A., M. D., D. V. S. With 476 illustrations. New York: D. APPLETON & Co. 1890.

While the author has availed himself of the good points contained in his original work entitled "Animal Physiology," the present one is not an abridgment of the former, but is especially prepared for students and practitioners of veterinary medicine. The attempt has been made to exclude references to the human subject, in order that the physiological differences between man and the domestic animals might be better studied and more fully compared. This work contains much new and useful information not only for the veterinarian but also for students of human medicine and science in general. The subjects (embryology, etc., being early considered) are well arranged, and the work is as fully worthy of commendation as the treatise to which we have referred. The author emphasizes the importance of the present volume, partly on account of the increased interest now attaching to reproduction and breeding. The last chapter—devoted to locomotion—is instructive and entertaining. The publishers have done their work well, as they always do with every book that emanates from their house.

THE attention of our readers is called to the advertisement of Robinson-Pettet Company which appears in this issue. This house enjoys a reputation of the highest character, and the preparations referred to we commend specially to the notice of practitioners.





Vol. V.

FEBRUARY, 1891.

No. 2.

Notes of Hospital Practice.

[Reported by Correspondents Especially Engaged for this Department.]

NEW YORK.

The Treatment of Fractures at St. Francis Hospital.— Dr. George F. Shrady, Surgeon to St. Francis Hospital, impresses upon his house surgeons, and students who may visit the wards of the hospital, the importance of applying in the most approved way well recognized methods of treatment. While new methods may after a time prove superior to the old, yet during their period of probation patients are to be congratulated who come under the care of physicians capable of applying established procedures in the most skilful manner. In the treatment of fractures of the leg Dr. Shrady and the majority of surgeons in the city believe in putting the limb in plaster, especially if it is a simple fracture. The knee and the point of fracture are both confined—that is, the plaster extends above the knee as well as down the leg. By use of Esmarch's interrupted splint (the plaster interrupted at the seat of the injury and strengthened by a rod which curves outward at this point) compound fractures are treated often without any rise of temperature. The wound having been cleaned, its edges brought together, the bones put in apposition, drainage is maintained, and thus most formidable wounds are converted into

trivial ones; sometimes union takes place by first intention, converting a compound into a simple fracture. Bi-chloride and iodoform are the antiseptics employed.

Dislocations of the Shoulder.—Dr. Shrady says that medicine owes more than one debt to the South. In the surgical line, Duga's test for dislocation of the shoulder is much relied upon in the hospitals of New York, consisting in inability to place the hand on the opposite shoulder while the elbow rests against the chest. Reduction is made under ether by pulling the arm upward and backward away from the patient and then bringing it forward in a circle. That, Dr. Shrady says, is the practice of most surgeons here. In dislocations of the hip reduction is effected by Bigelow's method of rotation and extension.

Alcoholic Stimulants Usually Contra-indicated in Cases of Children.—In discussions on the treatment of the diseases of children the question of the use of alcoholic stimulants has arisen several times the past year, and it may be stated in a general way that the chief authorities in this city seldom find alcohol called for in children before the fifth year of age. The only disease to which this statement does not apply with much uniformity is diphtheria. Brandy or whiskey is very often given in this affection by such men as Drs. A. Jacobi, J. Lewis Smith, L. Emmet Holt, etc. Dr. Francis Delafield, however, stated recently that he has not found occasion to administer alcoholic stimulants to a child under five years in any affection since a long period. He and Dr. Winters entertain very similar views on this subject; but according to their remarks it would appear that among general practitioners it is not at all uncommon to give alcoholics to children of all ages, for they say that in pneumonia and other affections they often find it necessary to stop the use of these agents when called in consultation.

Stomach-Washing in Gastro-Intestinal Affections of Infants.—It may be of interest to the general practitioner to learn

what progress is being made by the somewhat odd treatment of gastro-intestinal disturbances in infants by washing out the stomach, a method which has had a warm advocate in Dr. August Seibert, of the Polyclinic. Dr. Seibert has failed to convince most of his fellow-specialists that this method has more than a limited field of usefulness. Dr. Joseph E. Winters, of the University Medical College, says that washing out the stomach by introducing the rubber tube and letting clear water flow is of benefit in some cases of indigestion, repeated, perhaps, a time or two, but to try to carry out the practice generally among private patients would simply result in the physician receiving his discharge. The same views have been expressed by Dr. H. D. Chapin, of the Post-Graduate School. Where the child receives cow's milk great stress is laid here upon the quality of the milk, and it is becoming a rule to have it sterilized by boiling, say forty-five minutes, as soon as possible after it comes from the cow. It is then kept in perfectly clean and well-stopped bottles, each bottle holding just enough for one feeding. The milk is sterilized in the bottles, of which there are enough to last until the following day. It is a question in the minds of many, however, whether in the country, where milk can be obtained fresh from the cow twice a day, it would not be better without boiling. It might be added that in gastro-intestinal diseases, including diarrhea, the specialists in diseases of children here point out the need for great caution in the use of opiates. While themselves not discarding their use entirely, they express the opinion that perhaps in the aggregate as much harm is done by them as good.

Phenacetine in Sciatica.—Sciatica is not only one of those affections which are extremely annoying and painful to the patient, but on account of its persistency often greatly tries the patience of the physician. At the Clinic of Prof. Landon Carter Gray most benefit has perhaps been obtained from phenacetine, given, say, in tablets of four to eight grains every three or four hours. There are a good many cases, however, which do not respond to it very markedly. Doubtless, too, there are

many cases of sciatic neuritis, rheumatism, gout, etc., in which a diagnosis of sciatica is erroneously made; but perhaps more frequently sciatica is mistaken for one of these affections.

To Stop Nose Bleed.—Dr. W. T. Lusk, of Bellevue, told the class the other day that about twenty years ago he was in the office of a country practitioner when a man came in with the nose bleed. Instead of being greatly disconcerted or excited about the matter and hurrying about to find means with which to plug the posterior nares, he quietly walked over to a desk, took out a clothes-pin, pushed it down over the cartilaginous part of the man's nose, and went about his other duties. After perhaps ten minutes the clothes-pin was removed and the epistaxis did not return. Dr. Lusk stated that this might not seem a very artistic or scientific procedure, but he had been looking for a case the past twenty years in which it would not succeed in checking the nasal hemorrhage. Moreover, it was by no means as uncomfortable as the use of a coagulating salt or a posterior plug. The fingers would answer as well as a clothes-pin, but the nose should be grasped from above downward, not simply clasp the alæ between the thumb and finger.

Society Siftings.

PROCEEDINGS OF "THE RICHMOND (VA.) ACADEMY OF MEDICINE AND SURGERY"—JANUARY 13, 1891.

[Reported by Dr. JAMES N. ELLIS.]

Dr. Charles M. Shields, president, in the chair. Following the reading of Dr. Edwin P. Turner's paper on

"Hour-glass Contraction with Retained Placenta,"

Dr. W. W. Parker referred to some experiences with retained placenta, and advised a speedy examination and immediate

removal of the after-birth upon the completion of the second stage of labor. He considers such minute and careful attention to the cleansing and disinfection of the hands as unnecessary and superfluous.

Dr. Edward McCarthy asked if it was the opinion of the members of the Academy that the use of chloroform during labor subjected the patient to greater risk of hemorrhage? In seeming opposition to this view he cited a case, reported by Dr. W. T. Oppenheimer at a previous meeting, in which hæmoptysis was promptly arrested by the inhalation of chloroform. He had himself observed its hæmostatic effect when directly applied to a bleeding surface.

Dr. John N. Upshur could recall but two cases of hour-glass contraction in his experience: The first one occurred in the first year of his professional life, and the readiness with which it was relieved leads him to doubt the correctness of his diagnosis. The second case occurred in a negro woman, and was attributed to the unadvised administration of a full dose of ergot by a midwife. The band of constricting muscular fibres, in a state of clonic spasm, was midway between the fundus and ostium internum, and from one to two inches broad. Inserting two fingers within this opening, through which the blood was escaping in a sluice, he succeeded in dilating the constriction sufficiently to admit of the removal of the placenta. The uterus promptly contracted and the hemorrhage ceased, but she died from exhaustion in a few hours. He thinks we should wait a reasonable length of time-sufficient to tie the cord, care for the child, etc.-before attempting to deliver the placenta, combining Credè's method with gentle traction and using the fingers to assist in securing complete detachment of the placenta. It is his habit to give a dose of ergot just as the head passes the ostium vaginæ, especially if chloroform has been administered, as he believes its use predisposes to hemorrhage. He once used chloroform continuously for several hours in a case of protracted labor consequent upon premature ossification of the cranial sutures. Ergot was given, the labor finally completed, and when the doctor left at 12 o'clock the womb was well

contracted. She lost some blood during the night, but firm contraction was again obtained before leaving her in the morning. While sitting by her bed that night (twenty hours after delivery), there was a sudden and alarming gush of blood. Four ounces of the per-sulphate of iron dissolved in one quart of hot water was applied, by means of a fountain syringe, to the uterine cavity; the womb contracted, the hemorrhage ceased, and there was no further trouble. He attributes the bleeding to the long-continued use of chloroform, and thinks this tendency of the drug (to predispose to hemorrhage) the most effectual barrier to its habitual employment in obstetrical work. He has also known it to arrest uterine contractions to such an extent that the labor did not proceed until the patient was allowed to come from under its influence.

Dr. Upshur advocates a medium course in the matter of antisepsis. He does not think it necessary to subject the patient to the discomfort of antiseptic injections several times daily after a clean labor; but he has the vulva sponged with hot water two or three times a day, using a soft napkin and a little vaseline, but avoiding grease, the heat of the body causing such substances as lard to become rancid, irritant, and septic. If there is much soreness, a douche of hot water containing borax will prove of benefit; but all vaginal douches are attended with danger, and the speaker has met with cases of uterine colic and fatal peritonitis resulting from their use.

Dr. Landon B. Edwards said that his worst case of post-partum hemorrhage occurred in a patient who was delivered without chloroform, and he thinks it is not always responsible for the hemorrhages following its use. He used it with benefit in the only important case of hour-glass contraction he has ever encountered. Other means referred to by the doctor as available in the treatment of hour-glass contraction were the use of the colpeurynter, belladonna, and hot-water injections. Vary the treatment according to the indications of the particular case. Time is an element of great importance. Wait. There is no special danger of hemorrhage, in cases of fundal implantation, if the uterus is contracted, as the retained placenta acts as a tampon above the constricting band.

Dr. Upshur suggested that the uterus might be relaxed above the contraction ring and hemorrhage occur as in the case above cited by him.

Dr. J. S. Wellford thinks that the great majority of cases diagnosed hour-glass contraction are simply cases of retained placenta, such as where the upper part of the fundus is contracted and firmly clasping the placenta. He would here give chloroform, and introducing the hand bring down the afterbirth. Ordinarily he succeeds in delivering the placenta, without introducing the hand, by compressing the fundus through the abdominal walls, and making gentle traction upon the cord.

After the child is born, the womb, completely exhausted, has a period of physiological rest preparatory to the completion of labor by the expulsion of the placenta; and it is well to permit this period to elapse before attempting its removal. Time the administration of ergot so that its maximum effect may be experienced at the moment the head passes the labia.

Dr. Upshur is satisfied of the utility of chloroform in the treatment of hour-glass contraction, but thinks it inferior to nitrite of amyl or nitro-glycerine. The effects of the latter, when administered by the mouth in doses of one-fiftieth of a grain, are experienced in six minutes, effectually relieving uterine spasm.

Dr. W. W. Parker has seen four or five cases of undoubted hour-glass contraction. He always uses chloroform in his labor cases, and has never had a case of fatal post-partum hemorrhage. Taking a wider range, he personally experienced entire relief from its use in an incipient attack of nephritic colic, and has seen it cut short an incipient fever when given by the mouth.

Dr. M. D. Hoge, Jr., has seen it given by the mouth in half teaspoonful doses, repeated until general anesthesia sufficient for surgical operations was induced.

Dr. J. S. Wellford has found it an excellent remedy, given in teaspoonful doses with milk as a vehicle, in attacks of colic. For internal administration he uses spiritus chloroformi, in which form it is miscible with water.

Cyst of the Ovary.

Dr. Geo. Ben Johnston reported the following case: Twenty months ago he saw, in consultation with Dr. James B. McCaw, a woman who had been suffering for some time with some pelvic She was thirty years old, the mother of two children, and had been in good health previous to her marriage. that time, however, she had been subject, at irregular periods, to copious pulmonary hemorrhages, excited by the most ordinary kinds of exercise, and with no evidences of pulmonary lesions discoverable by auscultation or percussion. This finally subsided, but was followed by intermittent pains in the pelvic region, which were increased by exercise. There was some swelling in the ovarian region, but the menses were regular and her general health good. There were occasional discharges from the vagina of from one-half to two teacupfuls of an ascitic-like fluid, accompanied with or followed by a complete but temporary cessation of pain. A cyst of the ovary communicating with a fallopian tube, through some obstruction of which the accumulating fluid occasionally forced a passage. was diagnosed. The pains finally became so intolerable that morphia had to be used freely, and it being apparent that she would soon become a confirmed opium-eater, it was decided to This was accordingly done in July, 1889. ovary was found to contain the remains of a collapsed cyst; the right ovary a beginning cyst, and both tubes were hy-The ovaries and tubes were removed, and the patient dropsed. made an uneventful and good recovery. But presently she was seized by an epileptiform attack, falling, foaming at the mouth, etc. She was treated for this, but after eight or ten days they returned and progressively increased in frequency until they were of daily occurrence. Under the skilful treatment of Dr. McCaw these attacks finally ceased, but were followed by pains which she described as being located between the bowels and back, and so severe that she again resorted to opium, which was gradually increased until she was taking five grains of the sulphate of morphia hypodermically each day. Appetite poor

and capricious. During the last six months of her sickness there was a recurrence of those peculiar vaginal discharges, but for the three months immediately preceding she has been free from them. It was now determined to make an exploratory operation; and this was done a week ago to-day, the incision being made through the cicatrix resulting from the former operation. The abdomen being opened, an exploration revealed nothing to account for the pain and fluid. The stumps of the tubes had healed in a satisfactory manner, the uterus shrunken to one-fourth its former size, the shrinkage not being uniform, but presenting somewhat of an hour-glass shape. Failing to find sufficient cause here for her troubles, a further investigation of the contents of the abdominal cavity was instituted, which discovered the appendix vermiformis distended by a number of firm bodies the size of an ordinary black pea. Lifting the appendix out of the wound, the neighboring portions of the gut were seen to be somewhat injected but not inflamed. The appendix was then amputated, and after the toilet of the peritoneum was completed, a rubber drainage tube, dipping down to the colon, was inserted and the abdominal wound closed. Reaction was prompt, temperature is normal, and her recovery seems now assured. The drainage tube was removed the second day. The wound has apparently united by first intention, and the normal temperature and good character of the pulse are considered sufficient to justify him in permitting the dressing to remain undisturbed twenty-four hours longer.

The doctor does not report this case as a cure. Time alone will determine that. But the cessation of pain following the removal of the appendix leads him to hope so; and he will report the result at some subsequent meeting.

[—]Dr. John H. Rigg, of Montross, Iowa, writes the Antikamnia Chemical Co., under date of Dec. 29, 1890:

[&]quot;I procured some of your Antikamnia, and have used it in several cases of 'La Grippe' with the most happy results, both to myself and patients. It fills a place where the preparations of opium would do positive harm. Progressive physicians will all feel thankful for the remedy."

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month.]

Treatment of "Colds" by Sodium Salicylate.—In a recent number of the Memphis Medical Monthly the claim is made that salicylate of sodium is as equally efficacious in the treatment of bad colds as it is in tonsillitis. A prescription of half an ounce of salicylate of sodium with half an ounce of syrup of orange peel, and enough mint-water to make four ounces, is recommended in a dose of a dessertspoonful every three or four hours, until the specific action of the salicylate—that is, ringing in the ears—is produced. It is claimed that aching in the brow, the eyes, and the nose, together with the sneezing and the nasal discharge, will then cease, and will entirely disappear in a few days, not leaving, as is usually the case, cough from the extension of the inflammation to the bronchial tubes.

The Silicate of Sodium for Spinal Support is, according to Dr. George A. Baxter, of Chattanooga, possessed of all the qualities to be found in a plaster jacket, both of firmness and support, while weighing only one pound and six ounces.

It is neater in appearance and finish, and can be perforated like leather for ventilation, while plaster cannot. It is even lighter than leather, without its costly process of construction, and has the same advantage over the woven wire jacket, with the additional advantage over both these latter and all others of this class, that it can be constructed by any surgeon at any time or in any place. The patient is suspended, and a plaster jacket roughly placed around her, and cut as soon as it has hardened enough to retain its shape, thereby lessening materially the time of suspension, the most trying ordeal with this or the plaster, and not without its dangers when long continued; the cut edges are bound together where it has been cut down directly in front with cords, and then a core of paper placed in This paper core is used for two reasons: (1) to lighten the cast and take as little plaster as possible, and (2) to dry it the more readily by heating the inside. This done, the plaster is poured around the core and inside the cast, which gives a mould of the body in extension and counter-extension, exact in every respect. Around this is made the silicate jacket

after the manner of the plaster roller bandage, weaving halfinch metal strips in the meshes of the bandage at a distance of four inches apart around the whole cast, an inside lining of a knit shirt having been first placed over the cast. The whole is then placed over a stove and allowed to dry out, which it does in from half an hour to two hours or less, especially if the cast has been previously dried. This process of heating not only dries the silicate, but bakes it as well, renders it impervious to the action of the water or the perspiration, and gives it sufficient strength to allow of its being perforated for ventilation. It is then cut from the mould, with a straight incision down the centre; two pieces of leather, to which button-hooks or eyelets have been previously attached, are sewed up and down the front on each side; then the whole can be laced up solid or loosened, and taken off at will. The necessity of taking off a jacket or leaving it on during the whole course of treatment will, of course, depend upon the character of the disease or the injury under treatment.

The Time of Day for Operations.—There is considerable difference of opinion amongst surgeons as to whether it is best to operate early in the morning or in the afternoon. Many prefer the morning. They say that the patient is saved the suspense of being kept waiting till the afternoon, and the surgeon has the better chance of a good supply of sunlight or of its equivalent in this country. Both these reasons have considerable force. Other surgeons maintain that early operating implies a sleepless previous night. The shades of evening, a greater promoter of sleep than blinds and screens, come on sooner when the operation is performed in the afternoon. This physical fact also implies greater chances of rest in another respect, for there is less fear of subsequent disturbance from noises inside or outside the house when the surgeon operates late. Long operations may seriously tax the surgeon's strength and nerve, and in this respect again the afternoon is better for operating than the morning. In private practice and wherever freedom from noise and plenty of warmth can be ensured, the morning is probably the best time, especially in summer.-British Medical Journal.

What Professor Goodell Has Learned to Unlearn.— Referring more particularly to his special branch, in which he is recognized as a distinguished teacher and practitioner, he has learned to unlearn the grandmotherly belief that the climacteric is in itself an entity, and that, as such, it is responsible for most of the ills of matronhood, and especially that of

menorrhagia.

He expresses his disbelief that mammary abscess comes from "caked" breasts, or from breasts overdistended from a secretion of milk too great for the infant's needs. Mammary abscess in the suckling woman comes, in his opinion, from cracked nipples, and from cracked nipples alone.

He has wholly freed himself from the belief that cellulitis is at the bottom of most female ailments, and that the hot-water

douche is its cure-all.

He has learned to unlearn the teaching that woman must not be subjected to a surgical experation during her monthly flux. Our forefathers, from time including have thought and taught that the presence of a menstructing woman would pollute solemn religious rites, would sour milk, spoil the fermentation in the wine vats, MAR natch offer mischief in a general way. Influenced who hoary tradition, modern physicians very generally postpone all operative treatment until the flow has ceased. But why this total, if Aline is precious and it enters as an important factor in the case?

Long ago he came to the conclusion that the womb, like the nose, has its own secretions; and that, because the cervical canal is stopped up with mucus, it is not to be treated any more harshly than a stopped-up nose. This nasal analogy led him soon to think that even uterine catarrhs are not of such paramount importance as to merit heroic treatment, and that metritis and endometritis, in so far as symptoms are concerned.

are often idle words.

He has learned to unlearn the idea—and this was the hardest task of all—that uterine symptoms are not always present in cases of uterine disease; or that, when present, they necessarily come from the uterine disease. Seemingly urgent uterine symptoms may be merely nerve-counterfeits of uterine disease. He has, therefore, long since given up the belief, which with many amounts to a creed, that the womb is at the bottom of nearly every female ailment. As an outcome of much he has learned to unlearn, Professor Goodell has arrived at this very short gynæcological creed: "I believe that the physician who recognizes the complexity of woman's nervous organization and appreciates its tyranny, will touch her well-being at more points and with a keener perception of its wants than the one who holds the opinion that woman is woman because she has a womb.—College and Clinical Record.

Experimental Investigation of the Action of Chloroform and Ether.—Dr. John A. McWilliams, in an elaborate "Experimental Investigation of Chloroform and Ether," an account of which has been published in four recent numbers of the *British Medical Journal*, reaches the following conclusions:

1. During the chloroform anesthesia the blood-pressure is

lowered and the heart's action is weakened.

2. Dilatation of the heart occurs to an appreciable extent, even when chloroform is administered gently, mixed with abundance of air (under four per cent. of chloroform vapor in the air).

3. Dilatation may occur even before the conjunctival reflex is

abolished.

4. The dilatation affects all parts of the heart more or less, the left side as well as the right. It is not due to changes in

the pulmonary circuit.

5. The dilatation is not due to the accompanying fall of pressure, to the diminished resistance to the ventricular systole, or to the diminished blood-supply through the coronary arteries. Dilatation does not result from a similar fall of pressure brought about by means other than chloroform; for example, arterial relaxation caused by section of vaso-motor nerves. Dilatation under chloroform often occurs very quickly, before there is any fall of pressure. Moreover, when the dilatation has followed a fall of pressure, it is not removed by artificially raising the pressure; for example, by compression of the abdominal aorta.

6. There is no distinct change in the rate of the heart's action when dilatation occurs. A sudden and complete cessation of the cardiac rhythm is never caused by the inhalation of chloroform. Cardiac failure occurs by a more or less sudden enfeeblement and dilatation of the organ, not by a sudden complete

cessation of rhythm.

7. The tone of the heart-muscle is depressed, the cardiac walls become relaxed, and the functional efficiency of the organ

is impaired.

8. When the heart becomes greatly dilated it fails to be an effective force in keeping up the circulation, while its rhythmic movement still continues, though so feebly as to be inefficient.

9. Cardiac failure sometimes occurs in this way a considerable time before the respiration stops, though generally the respiration stops that the beauty has been added to the consideration of the co

piration stops before the heart has become incapacitated.

10. The failure of artificial respiration to bring about r

10. The failure of artificial respiration to bring about recovery (in some cases of chloroform collapse), when begun immediately after the spontaneous respiration and distended state of the heart, which has become unable to maintain the circulation.

Hence the supply of fresh air (by artificial respiration), free

from chloroform, cannot be taken advantage of.

11. The depressing influence of chloroform on the heart—leading to dilatation of its cavities—is not exerted through the vagus nerves, but is a direct effect of the drug upon the cardiac mechanism. Section of both vagi does not obviate the weakening and dilating influence of chloroform upon the heart.

12. The weakening and dilating effects of chloroform are sometimes manifested in tolerably equal degree on both auricles and ventricles; but sometimes more readily upon the auri-

cles, and at other times upon the ventricles.

13. A peculiar periodic depression of the ventricular action sometimes occurs during recovery from the primary effects of

chloroform.

14. The contrast between the relation to the heart's action of chloroform and ether in anesthetic doses is very marked. With chloroform, cardiac dilatation frequently occurs—and often, indeed, a very marked dilatation—before the conjunctival reflex is abolished. With ether, the induction of anesthesia with complete abolition of the conjunctival reflex has not been attended by any noteworthy dilatation; indeed, effects of a stimulating character have sometimes been observed, and the peculiar periodic ventricular depression sometimes following chloroform has been seen to be removed.

15. Under the influence of chloroform a temporary slowing of the heart's action sometimes occurs,—from asphyxial conditions or from sensory stimulation during imperfect anesthesia. This slowing is quite different in its nature and causation from the enfeebling and dilating effect already mentioned. The slowing is not due to direct influence of chloroform on the heart, but is indirectly brought about through the vagus nerves. It does not appear to be dangerous in the healthy animal.

16. The occurrence of fibrillar contraction (delirium cordis) does not appear to be a primary mode of cardiac failure from the inhalation of chloroform in the healthy animal, though it may sometimes supervene when the heart has become distended

and incapacitated by chloroform.

17. The fall of blood pressure under chloroform is in its earlier stages due mainly to the depressing effect of the anesthetic on the vaso-motor centre, preceded often by a slight stimulation; the later stages are associated with failure of the heart as well of the vaso-motor centre.

18. The relative occurrence of cardiac dilatation and vasomotor depression varies. Sometimes the heart begins to dilate early—before there is any fall of pressure; at other times a large fall of pressure may occur before cardiac dilatation becomes marked.

19. The lowering of the blood-pressure is in a certain sense protective; it retards the access of more chloroform to the vital organs. But, on the other hand, the fall of pressure may become excessive and produce dangerous effects.

20. In certain circumstances, when chloroform is very suddenly taken in, a dangerous dose may be absorbed, and the heart may become seriously affected before the vaso-motor centre

has had time to be much depressed.

21. When a fall of carotid pressure has been brought about by the gradual inhalation of chloroform in the ordinary way, firm pressure applied to the abdomen causes a marked rise of pressure—very much more than can be obtained by inversion of the animal. And even when the fall of pressure is due to the sudden inhalation of an excess of chloroform, pressure on the abdomen commonly, but not in all cases, leads to a decided rise in the carotid pressure. The existence of cardiac failure may prevent the possibility of such a change.

22. Changes in the respiration exert a most important influence upon the effects of chloroform administration. An amount of chloroform which can be given with safety during easy breathing may speedily become dangerous during deep,

rapid respiration.

23. Free dilution of chloroform with air—the restriction of the percentage of chloroform vapor to four or four and a half per cent.—gives no security against an overdose. A percentage that gives safe anesthesia during ordinary breathing may lead to fatal collapse if given during exaggerated respiration.

24. Changes in respiration may be excited by sensory stimulation (operative interference, too strong chloroform vapor, etc.) during imperfect anesthesia. Rapid, gasping respiration occurring in such circumstances is usually accompanied by a rise in blood pressure, and, as there may be already a considerable amount of chloroform in the circulation, there occurs a combination of circumstances specially favorable for the speedy and sudden development of dangerous collapse.

Points in the Dietetic Management of Children.—Rachford formulates the following rules, which will aid us very much in selecting a diet when it becomes advisable to discontinue milk temporarily: 1. Avoid albuminous food, a, when marked constitutional symptoms are present; b, when in doubt as to the character of the fermentation causing the disease; c, when the stools are putrid; d, when the stools contain mucus and blood;

e, when the nausea is constant and not relieved by vomiting. 2. Avoid carbohydrates as a food, a, when there are no marked constitutional symptoms present, and the stools are continuously acid; b, when there is much flatus, pain or urticaria. 3. When the albumens are to be avoided, the carbohydrates are, as a rule, indicated, and when the carbohydrates are to be avoided the albumens are, as a rule, indicated. 4. Give foods, such as cream, beef-broths and whiskey, a, when the foods prescribed according to the above rules disagree; b, during the first twenty-four hours in severe acute cases; c, when in doubt as to the character of the food indicated.—Archives of Padiatrics.

What Shall the Answer Be?—Prof. Goodell breaks the news of cancer gently to a sufferer. At a recent clinical lecture he exhibited a woman with cancer of the uterus, and to the class he said. "I will tell her she has a bad ulceration of the womb. This will certainly be the truth, but not the whole truth. But suppose I am cornered and asked: 'Is it a can-What shall I answer? Then I will reply: 'It is of that family.' Often a patient will know the true character of the trouble, and yet never ask about it. I once treated a patient for three years, and though I think she was well aware of the true character of her complaint, yet the word cancer never passed between us; she always spoke of it to me as an 'ulceration.' If I am asked the question right up and down, and the patient insists upon knowing, I reply the trouble is epithelioma, and the patient usually is satisfied, and pleased with the long name. I do not use the word cancer, because I have had some sad experience with it."

Splints for Fracture of Lower End of Radius.—Speaking of fractures of the lower end of the radius, Dr. John B. Roberts says: The danger of many of the splints advocated for this fracture is due to the non-recognition by their respective inventors of the curved or arched shape of the palmar surface of the lower third of the radius. The dorsum of the bone when covered with the tendons is straight, but the palmar surface is curved. It is readily understood, therefore, that the application of any straight splint (such as that called Bond's splint) to the palmar surface of the broken radius has a tendency to displace the lower fragment upward again, as soon as the bandage which retains the splint in position is applied. A straight splint may, however, be applied with propriety to the back of the wrist. I have used with satisfaction two or three pieces of whalebone held in position by a strip of adhesive plaster. Any

rigid article, such as a piece of steel or wood, half an inch wide and five or six inches long, will answer the purpose. The truth is, however, that in a person of ordinary intelligence, who will avoid subjecting the bone to severe strains, there is no need of any splint or rigid support. Exceptions to this rule may perhaps be found in the case of refractory children and of ignorant or stubborn adults. The fact that these persons are liable to use the hand at an early period, and in such a way as to cause a slight risk of displacement of the fragments, is evidence of the simplicity and painlessness of the injury and of the satisfactory manner in which union takes place, if reduction has been properly effected.—Medical News.

Gerster's Treatment of Colle's Fracture.—He lays great stress on not confining the fingers in a bandage. The fingers should be left free, so that the tendons can play in their sheaths and the little joints remain flexible. If the joint of any aged person be confined for a certain length of time—even though it be not injured—the joint thus confined will become stiff. The fold of the capsular ligament will have assumed such a strained position that as soon as the patient makes an attempt to move his joint, the very act will elicit pain.

Sinus Treated with Peroxide of Hydrogen.—Dr. William F. Waugh tells in the *Times-Register* of an old woman who stepped on a nail, which penetrated the foot almost to the superior surface. A sinus formed, and had been discharging for two months when the patient was first seen. Marchand's peroxide of hydrogen was injected into the sinus by means of a hypodermic syringe. The first effect was to destroy the leather of the piston. The sinus was found to be of a horse-shoe shape, the probe passing almost through the foot, between the metatarsal bones, and when the peroxide was injected a hard lump could be felt one inch from the opening on the sole of the foot. This was laid open, and a stream of peroxide was sent through. Result: Cured in a week.

The Management of Lingering Labor.—In a discussion on the modern methods of managing lingering labor (British Medical Journal), Dr. W. S. Playfair, after referring to the dread of meddlesome midwifery on the part of leading obstetricians of thirty-five years ago, and the readiness with which these men resorted to bleeding and debilitating medication, proceeded to review the methods of the present day. The mere wear and tear of a labor lasting more than twenty-four hours seemed to

him to be a very serious thing, and he did not think it right that we should sit with hands folded waiting until serious symptoms should arise before taking action. He first considered the frequently-met-with difficulty arising from non-dilatation caused by inertia, or by irregular and cramp-like pains, premature rupture of the membranes, and over-distension of the uterus from excessive liquor amnii. For the relief of rigid os uteri prolonging the first stage of labor, Dr. Playfair advocated most strongly the internal administration of chloral hydrate. Under the use of this agent the pains become longer, steadier, and more efficient. The patient falls into a somnolent condition, dozing quietly between the pains, which are not lessened or annulled as when chloroform is used. The wild state of excitement is calmed and soothed. Fifteen grains should be given at the first dose, repeated in twenty minutes. Possibly a third dose may be required, but never more.

As an oxytocic Dr. Playfair recommended quinine. In a labor with feeble, ineffective pains, one or two doses of quinine of fifteen grains each will have a beneficial effect in altering the character of the pains. This drug does not possess any of the

dangerous properties of ergot.

Speaking of mechanical means for producing dilatation of the os, the speaker referred to a suggestion first made by Trenholm, of Montreal, that the finger be swept around the inner surface of the os, separating it from the membranes. Why it is so Dr. Playfair did not know, but he was satisfied that this simple procedure did excite marked dilatation of the os.

When the head is pushed down low in the pelvis, the os being soft and relaxed and the membrane ruptured, it was his belief that gentle manual dilatation, pushing, as it were, the os over the head, is frequently extremely useful. Pushing up the swollen anterior lip when impacted between the head and the pubes is not only legitimate, but essential to save injury to the os.

In prolonged second stage, Dr. Playfair referred to ergot and condemns its use at this time in the strongest terms. The only oxytocic he would recommend at this period of labor was manual pressure applied over the uterus to increase the pains when they are feeble, or to take place when they are absent. The best way of using it is for the practitioner to stand by the side of the patient, and to spread his left hand over the fundus. When the pain comes on, strong downward pressure is made in the direction of the axis of the brim. If the finger of the right hand be placed simultaneously on the head, per vaginam, it will be felt to be pushed down in a very marked way. One may often push a head through the brim where it has been delayed

for hours and on to the perineum in two or three pains. One

may often avoid the use of forceps.

As to the latter means, the speaker expressed the fear that there was a tendency to use the instruments too frequently. In the period from 1815 to 1821, 21,867 cases of labor were treated at the Rotunda Hospital, Dublin, without the forceps being used once. The present practice in this institution is such that forceps are now used on an average of 1 in 16.5 cases. The use of the forceps when the head is high up is a serious operation always and should not be undertaken lightly.

Unnecessary delay, when the head is in the pelvic cavity, is not only useless, but dangerous. By timely interference we lessen the risk to both mother and child. It is quite impossible, however, to lay down any precise rule as to when the forceps should be used in lingering labor. Every case must be treated on its merits, after a careful examination of the effect

of the pains. - Weekly Medical Review.

Treatment of Chorea.—Dr. I. N. Love, the gifted editor of the *Medical Mirror* and a special friend of children, in writing on the management of children afflicted with chorea, advises in all cases the immediate withdrawal of the child from school; keep him as much as possible away from his playmates; take away from him the mental or physical duties which put any special strain upon his nervous system; give him plenty of outdoor exercise, with good, pure air, and, if possible, a change of climate should be furnished.

Parents need particularly to be impressed with the importance of instructing every member of the household, and all with whom the victim may come in contact, to refrain from discussing the eccentric conduct of the patient. By no means should he be impressed with the fact that his condition is noticeable or unusual. His own self-consciousness should be tranquillized as much as possible. Special notice given to him by friends or members of the family, and particularly the discussion of his weakness, aggravates it. Removal from school, or any restraint whatsoever, should be insisted upon. Certain duties which take his mind away from himself, and if possible systematic gymnastics, are of value. We should direct our attention specially to the keeping open of the secretions and giving foods which are most nutritious; and to this end nothing is better than milk in abundance, and foods which are rich in hydro-carbons, such as cream, butter, sugars, and cereals. administration of some form of malt is of value. As a special builder-up of the nerves the compound syrup of hypophosphites is indicated. Gardner's syrup of hydriodic acid has in his hands proved of great value; teaspoonful doses three times a day. This, together with an available form of iron, the old-fashioned muriated tincture of iron in ten-drop doses three times a day, well diluted, to the average child is of great service. But in arsenic he believes we have a nerve tonic which is almost a specific, and thinks we are safe in pushing it. Commence with the average child with two-drop doses of Fowler's solution, increasing it up to three and even five-drop doses three times a day. Remember that children bear arsenic well.

The Proper Treatment of Accidents During Anesthesia.— Dr. H. C. Wood, of Philadelphia, read an exhaustive paper on "Anesthesia" before the International Medical Congress at Berlin. The relative value of remedies in chloroform or other narcosis in the lower animals may be stated as follows: That nitrite of amyl, caffeine, and atropine are of little or no use in chloroform poisoning; that alcohol, when given in small amounts, has no influence, but that when given largely, materially assists in paralyzing the heart and producing fatal results; that ammonia has some little influence upon the heart, but that of all substances tried, digitalis was by far the most powerful in stimulating the failing circulation; indeed, his experimental results indicate that it is the only known drug which is of any real practical value in such cases. Next, or perhaps even before digitalis, strychnine seems to be of value in the accidents of anesthesia, because, whilst having some influence on the circulation, it affects powerfully the res-For many years chloroform has been used in practical medicine as the physiological and practical antagonist to strychnine, and it seems rather odd that strychnine should never have been employed as the practical antagonist to chlo-

The one measure which in practical value far surpassed all others for the restoration of the dying animal was artificial respiration, and he has no doubt that a great majority of the deaths which have occurred in man from anesthesia might have been avoided by the use of an active artificial respiration.

It is the belief of Dr. Wood that the correct rules for the proper treatment of accidents during anesthesia can be summed up in these few words:

Avoid the use of all drugs, except strychnine, digitalis, and ammonia.

Give the tincture of digitalis hypodermically.

Draw out the tongue, and raise up the angle of the jaw, and see that the respiration is not mechanically impeded.

Invert the patient briefly and temporarily.

Use forced artificial respiration promptly, and in protracted cases employ external warmth and stimulation of the surface by the dry electric brush, etc., and, above all, remember that some at least, and probably many, of the deaths which have been set down as due to chloroform and ether have been produced by the alcohol which has been given for the relief of the patient.

The Advantages of Producing Anesthesia by Small Quantities of Chloroform.—Dr. J. Brown in British Medical Journal gives it as his opinion that chloroform has many advantages over ether, and the dangers attending its use may be greatly diminished if administered in small and continuous doses. It is probably the safest of all anesthetics. The method pursued by him has been as follows:

A piece of lint is folded as a cone and placed a few inches from the mouth and nose. From five to ten drops of chloroform are poured on the lint from a two-ounce phial, the cork of which has had two wedge-shaped pieces removed, so that the chloroform cannot be poured out freely. This is repeated about every thirty seconds. The respirations should be natural, free, easy, and not too deep; avoid early and deep respirations. In fifteen to thirty minutes the patient is anesthetized. The average time is about twenty minutes. The advantages of this method are:

1. Toleration of the chloroform is produced and the fears of the patient are allayed.

2. Sense of suffocation and spasm of the glottis are rarely

produced.

3. Noisy delirium and violent muscular excitement are less common.

4. Vomiting is also less frequent.

5. Stertorous breathing and lividity of the face are less common; stertorous breathing rarely need be produced at all if the chloroform be given in small doses.

6. Less tendency to syncope.

7. Much less chloroform required.

Experience teaches that the system will tolerate toxic doses of drugs with perfect safety if only small doses are at first given and then gradually increased. This is the principle we need to learn in producing anesthesia with chloroform.

When must the Bromides be given in Epilepsy?—Dr. S. Grover Burnett, of Kansas City, in a lecture reported in the St. Joseph Medical Herald, attaches great importance to the time of giving bromides in epilepsy. It is necessary to find out from the friends of the patient at what particular time in the twenty-four hours the seizures are most apt to occur, and when it is possible to anticipate the attacks he prefers giving most, if not all, of the bromide required to influence the patient for the twenty-four hours, from four to six hours prior to their expected development. Diurnal and nocturnal attacks frequently come on with marked regularity, and when they come on before midnight he prefers giving the entire amount of the bromide required to influence the patient for the twenty-four hours, in the early part of the evening, so as to get a full bromide effect just prior to the expected attack. Again if the fits come on in the latter part of the night, or just before rising, he directs the patient to be awakened in time to receive his full dose, whereby the seizures are often prevented. This habit must be broken if you expect to benefit the patient. When we have an irregularity of the development of the attacks then we must give the drug at stated intervals in sufficient amount to keep the nervous system in an even state of quietude and nonirritability. The drug administered in the morning, on rising. is readily assimilated, and this is a good time to give it, unless it irritates the stomach; should it do this then wait until food has been taken into the stomach. Bromides and iodides are not borne well by many on an empty stomach, and this is important to remember, as the digestive process must be preserved.

After obtaining the required amount of bromide to ward off the attacks, the patient may go a long time without any change in the dosage system already established. In females, however, we frequently find the attacks undergoing some change just prior to, during, or following the menstrual period. In such an instance he anticipates the period, and increases the dose for the time being, and often prevents, or mitigates, this exacerbation. After a few days are past then you should substitute the original dose again until the approach of the next menstrual flux, when the prophylactic plan should be repeated. For instance, if the usual dosage is from fifteen to thirty grains a day, increase the amount to forty, sixty, or more grains for the few dangerous days of menstruation.

Treatment of Epilepsy by the Combined Usage of Antipyrine and Bromide of Ammonium.—An English physician,

Charles Potts, reports the successful treatment of forty-three cases of confirmed epilepsy by the combined usage of antipyrine and bromide of ammonium, according to the method first

suggested by Dr. H. C. Wood.

Three times a day five or six grains of antipyrine are administered, and from ten to twenty grains of bromide of ammonium in solution. Under the influence of this treatment, the epileptic seizures become less and less frequent and severe, and in many cases disappear altogether.—Boston Medical and Surgical Journal.

An Early Sign of Uterine Cancer.—In a recent paper published by Dr. Charles Audry in the Lyon Médicale, it is claimed that in doubtful cases of uterine inflammation, especially when confined to the neck or cervical cavity of the uterus, and in which a diagnosis can ordinarily only be made as the result of microscopical examination of excised fragments, in every case in which fragments of tissue may be scratched off from the cervical cavity by the finger-nail, the epitheliomatous nature of the disease may be positively affirmed. In chronic metritis the tissues to the touch appear sometimes hard and sometimes soft, but in no case is it possible to scratch off fragments of the mucous coat by means of the finger-nail, with the single exception of cancer. Further, the author claims that there is no form of epithelioma in this cavity from which fragments may not be so removed. This process is evidently simple, and, if confirmed by others, will be of great value in clinical practice.—Therapeutic Gazette.

Antiseptic Precautions in Management of the New-born Baby.—The physician and nurse must first attend to the infant and then to the mother, the hands being scrupulously clean, especially while handling the cord. For the first baths of the infant a harmless antiseptic solution, such as one containing the permanganate of potassium, should be used. washing and scouring of the mouth must be avoided, as such manipulations are frequently the cause of thrush. finger must not be placed in the mouth of an infant to remove secretions, nor should a dirty instrument be used, if the child is born asphyxiated, to aid in resuscitation. The instillation of a drop of a 2 per cent. solution of nitrate of silver into each eye of newborn infants should be carried out in both private and hospital practice as a preventive of ophthalmia. With reference to artificial food, the use of sterilized milk is deemed of the utmost importance, but it must not be considered that this is a perfect substitute for mother's milk.—Archives of Pediatrics.

Source and Significance of Albumin in the Urine.—From a number of observations on this subject, Dr. W. H. Porter (The Post-Graduate,) has reached the following conclusions: First, That the albumin found in the urine, excepting that which occurs in the early stages of an acute exudative or diffuse nephritis, is a derived albumin and not serum-albumin. Second, In the early stage of an acute exudative or diffuse nephritis the albumin comes directly from the blood vessels, due to the inflammatory alteration in their walls, and is of the serum-albumin type. Third, That later in acute exudative or diffuse nephritis, when the vascular walls have partially recovered from the primary inflammatory damage, the albumin becomes more abundant in quantity, but now it is of the derived albumin type, and has been excreted by the damaged epithelial cells lining the uriniferous tubules. Fourth, That in all conditions, excepting the acute exudative or diffuse nephritis, where albumin is found in the urine, it is due to changes in the epithelium by which it is unable to do the work properly and excrete, or allows a derived form of albumin to pass through into the urine. Fifth, That the quantity of albumin contained in the urine is always in direct proportion to the amount of retrograde change in the epithelial cells. Sixth, That this retrograde change in the epithelial cells is secondary to an impaired nutritive condition at large, together with an overworked state of the renal cells, without a compensatory nutri-Seventh, Viewed in this light, if we tion being sustained. direct our treatment to improving the general nutrition of the system, and at the same time decrease the amount of work to be accomplished by the kidneys, we shall see many cases of complete recovery which must otherwise remain cases of albuminuria.

Some Simple Applications of Hot Water.—Headache almost always yields to the simultaneous application of hot water to the feet and back of the neck.

A towel folded, dipped in hot water, wrung out rapidly, and

applied to the stomach, acts like magic in cases of colic.

There is nothing that so promptly cuts short congestion of the lungs, sore throat, or rheumatism, as hot water when applied promptly and thoroughly.

A towel folded several times, and dipped in hot water, and quickly wrung out and applied over the toothache or neuralgia,

will generally afford prompt relief.

A strip of flannel, or napkin folded lengthwise, and dipped in hot water, and wrung out, and then applied round the neck of a child that has the croup, will sometimes bring relief in ten minutes. Hot water taken freely half an hour before bedtime is helpful in the case of constipation, while it has a most soothing effect upon the stomach and bowels. This treatment, continued a few months, with proper attention to diet, will cure any curable case of dyspepsia.—Cin. Lancet-Clinic.

Intestinal Irritations.—Before leaving this subject of intestinal irritations due to fermentative causes, I cannot refrain from referring to the happy effects sometimes secured by the use of Listerine properly diluted; a favorite prescription is the following:

B.—Lambert's Listerine.
Glycerine (c. p.)
Syr. Simpl.
Aquæ cinnamon, aa 3 i. M.

Sig. Teaspoonful every one, two or three hours, as may be indicated.—I. N. Love, M. D., Weekly Medical Review.

The Coroner System of the United States.—Dr. H. O. Marcy, of Boston, presented a paper at the recent meeting of the American Academy of Medicine, in which he examined the laws in force in Massachusetts and other States of the Union, and in foreign countries, bearing upon the duties of the coroner and his relations to the public service. He arrived at the following conclusions or suggestions:

To abolish the office of coroner.
 To dispense with jury service.

3. To separate the medical from the legal duties in all cases involving the examination into the causes of death where crime is suspected.

4. To entrust the medical examination only to competent

medical officers properly trained in their work.

5. To make the number of these medical officers as small as consistent with the proper discharge of their duties.

6. To consign all questions of law only to properly qualified

legal magistrates.

7. To remove the appointment of these officers entirely from the question of political consideration; and to be based only upon their possession of the requisite and proper qualifications.

Upon some basis of this character he thought the coroner's laws should be revised, the result being that much useless expenditure of time and money would be avoided, great sorrow and anxiety prevented, and the ends of justice better served.

Chloroform in Obstetrics.—Dr. J. F. Baldwin, in a paper read before the Ohio State Medical Society, gives as his obstetrical triad this:

During the first stage of labor, morphia.

During the second stage of labor, chloroform.

During the third stage of labor, nothing.

His conclusions.—Chloroform relieves pain. It shortens labor, usually. It prevents shock. It prevents nervous and physical exhaustion. It reduces the liability to rupture of cervix and perinæum. It does not conduce, in any material degree, to postpartum hæmorrhage. It does not affect the fœtus. It is absolutely safe when properly administered.

Contra-indications.—1. Such conditions of labor as lead the obstetrician to believe that he may, at some supreme moment, require all the woman's voluntary efforts to assist him. Such

conditions are very rare.

2. Fatty degeneration of the heart; though, if we accept the conclusions of the Hyderabad Commission, even this may not be a contra-indication; and the disease is practically never diagnosed except post-mortem.

What Dressing Shall Lie Next the Wound?—Dr. Robert T. Morris, of New York, says: There are only two perfect types of dressing. The iodoform covering for small wounds represents one of these. Iodoform forms a thin, firm coagulum with lymph, and this is not easily attacked by micro-organisms. Beneath this coagulum the processes of repair go on smoothly in small wounds, even when a certain number of microbes are at work, because the iodoform neutralizes the ptomaines.

The other perfect dressing is the one suitable for larger wounds, and it possesses the following properties: First, smoothness, and impenetrability to new epithelium and connective-tissue cells (Lister's protective oiled silk). Second, a bulky mass which is highly absorptive, to draw serum away from the wound, and to make it too dry for microbe food; and this dressing is charged with antiseptics to destroy microorganisms (bichloride cotton or gauze).

Vaccinal Syphilis.—Prof. Fournier is authority for saying that when syphilis has been inoculated along with vaccine virus, three alternatives may present themselves: Either syphilis is not transmitted, and, fortunately, this is the most frequent result; or the vaccination does not take, but syphilis is produced, and the symptoms and course are identical with

those where the syphilitic virus alone is introduced into the body; or, finally, both forms of virus give a positive result, some points of insertion being followed by pure vaccine lesions, while the chancre appears only at the points where the vaccine Vaccinal syphilis always has an initial lesion, and this point must be remembered, so as not to mistake hereditary syphilis appearing shortly after vaccination for syphilis pro-

duced by vaccination.

It does not by any means follow that the child from whom the virus is taken must be in an active stage of syphilis in order to transmit the disease in this way. The syphilis may be latent, or the child may even be in course of inoculation with syphilis, as proved by cases seen in epidemics. A healthy child is inoculated, and on the seventh or eighth day serves as vaccinifer, and the virus he furnishes may inoculate syphilis, and this before the chancre has appeared in his own person. A common error is still made to believe that the danger of vaccinal syphilis resides in the blood alone. Liquid without perceptible color has in well-authenticated cases transmitted syphilis, but without the aid of the microscope it is impossible to say whether this colorless liquid contains blood elements or not. All colored vaccine virus should be rejected.

In the matter of diagnosis, ulcerating vaccinia must not be confounded with chancre, which it often simulates; but chancre never produces so extensive ulceration, and is accompanied by indolent adenopathies. Again, ulcerating vaccinia appears from twelve to fifteen days after vaccination, while the chancre seldom appears before the end of three weeks, and never before

fifteen days.

Vaccinal eruptions are at times mistaken for syphilides. They appear from the ninth to the fifteenth day after vaccination, while syphilides cannot appear before nine or ten weeks

after this time.

In vaccinating a number of children at once, the instrument should always be most carefully washed after each single The only sure prophylactic measure is to employ only animal vaccine.—Journal of Cutaneous and Genito-Urinary Diseases.

Attention is directed to the advertisement of the Robinson-Pettet Co. This house is well-known and their preparations are among the best.





Vol. V.

FEBRUARY, 1891.

Editor-J. F. WiNN, M. D.-Proprietor.

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Dr. J. F. WINN, Richmond, Va.

Is there Danger of Tubercle Dissemination by Koch's Iniections?

It is well known that Virchow announced it as his belief that such was the danger to be apprehended, and, according to the Vienna correspondent of the Medical Record, February 21, it appears that cases are already at hand illustrating this danger. It is stated that Professor Schnitzler began the treatment in a case of laryngeal tuberculosis, and after a short time there appeared on the posterior pharyngeal wall and vault, which had previously showed no traces of the disease, pearly nodules and large pea-like masses, which very soon degenerated into ulcers. The general symptoms were greatly intensified, while the pain and difficulty of swallowing became much more pronounced.

Professor Schrötter, the eminent laryngologist, is quoted as saying that "We have so far been unable to observe a cure or, what is more, improvement in a single case. The action of the remedy cannot be termed curative; the changes observed by me have been of a very unfavorable character, new ulcerative processes being set up in many cases. The dangers cannot be

concealed, and among them we must reckon that of infection of distant organs." He admits its good effects in lupus, but concludes: "We cannot with good conscience recommend the method to any patient."

Indeed, there seems to be a general reaction from the wild enthusiasm that followed Koch's announcement. In England the treatment is already at a discount, and in our own country we note that there is more conservatism of expression concerning the results of the injections. Let us not be too sanguine lest we be disappointed.

Medical Services for the Poor of Richmond.

The City Council of Richmond have had under consideration for the past two months the subject of providing special medical attention for the poor of the city. At one time there was reason to hope that the city fathers would find in a general City Hospital the relief desired. We regret, however, that they could not be made to see that the city's money could be more judiciously expended in the way indicated. As it is, Richmond has no general hospital like other cities of her size and importance, but we believe that the recent action of the Council in the appointment of four physicians at a salary of fifty dollars per month will be the entering wedge to the establishment of a first-class hospital before very long. The gentlemen who have just been elected to do this service are Drs. D. M. Wilkinson, James F. Crane, W. A. Deas and Armistead L. Wellford-all good appointments. They will perform their duties conscientiously, and we doubt not to the entire satisfaction of those coming under their care.

This movement originated with the Richmond Academy of Medicine and Surgery, and with its influence Richmond will yet have a General Hospital of which she may be proud.

Summer School of Medicine at University of Virginia.

We are glad to learn that a number of gentlemen of the Medical Faculty of the University of Virginia have organized

a summer medical school, which will be opened July 13 and be continued two months. Those contemplating matriculation in the medical department during the regular session will find the summer school of inestimable value to them. Graduates of this or other schools desiring to come before the Medical Examining Board of Virginia at the semi-annual meeting in September would also do well to avail themselves of a special course at this summer school, where every facility will be afforded for biological study and for a thorough brushing up in the more difficult branches of the course. For further particulars we refer to the secretary, Dr. W. G. Christian (Box 57, University of Virginia), Charlottesville, Va.

Dr. Phelps' Experiment with the Dog.

The readers of this journal will recall an editorial correspondence in November of last year, in which an account was given of the novel experiment of transplanting the bone of a dog to an ununited fracture of a boy, suggested and put in practice by Dr. A. M. Phelps, of New York. Having had the pleasure of witnessing this operation, we have awaited the results with great interest. Dr. Phelps has just published a report of the case, and while actual union of dog's bone with human bone did not occur, owing to a defect in the dressing, he has undoubtedly established the fact that large masses of the soft tissues can be successfully transplanted from animal to man with a wide range of application, and there is every reason to believe that, under more favorable conditions than existed with the case at Charity Hospital, New York, the union of animal with human bone will most likely be obtained.

Certainly the profession is greatly indebted to Dr. Phelps for the suggestion of so valuable a principle, as well as for his persevering and untiring prosecution of every detail requisite for such a glorious triumph in surgery.

The Virginia Pharmacal Company.

This company is now preparing a full line of the best preparations which merit the favor of the profession wherever they

have been introduced. One of the representatives of the company, Mr R. D. Apple, is now calling upon the physicians and pharmacists of some of the Southern cities. These goods could not be otherwise than standard when we remember that the gentlemen composing the Virginia Pharmacal Company are among the most progressive, skilful and reliable pharmacists of the country.

The International Medical Annual.

E. B. Treat, publisher, New York, has in press for early publication the ninth yearly issue of the "International Medical Annual."

Its corps of thirty-seven editors—specialists in their respective departments, comprising the brightest and best American, English and French authors—will vie with previous issues in making it even more popular and of more practical value to the medical profession.

We have the assurance of some of the best medical practitioners that the service rendered the profession by this *Annual* cannot be duplicated by any current annual or magazine, and that it is an absolute necessity to every physician who would keep abreast with the continuous progress of practical medical knowledge.

Its index of new remedies and dictionary of new treatment, epitomized in one ready reference volume at the low price of \$2.75, make it a desirable investment for the busy practitioner, student, and chemist.

Messrs. Reed & Carnrick-

Have rebuilt their laboratory and are better prepared than before their big fire to furnish the excellent specialties which bear their name. In this connection we invite special attention to their new advertisement. They are known everywhere, and their name is the synonym of fair dealing and scientific pharmacy.

Dr. Charles M. Shields,-

Of this city, tendered the Richmond Academy of Medicine and Surgery, of which he is its popular president, a handsome reception at his residence, Franklin and Fifth streets, February 18th, in honor of Dr. Charles H. May, of New York city.

Dioviburnia,-

The formula of which will be found in the advertisement, is possessed of decided virtues in many uterine diseases, concerning which Dr. I. N. Love, the accomplished editor of the *Medical Mirror*, says:

"I was not familiar with the component parts, but having read the emphatic endorsement by Drs. J. B. Johnson and L. Ch. Boisliniere, of St. Louis, two of the most eminent professors and practitioners of St. Louis, as well as that of Dr. H. Tuholske, I was induced to give the compound a fair and thorough trial, and I am convinced that in Dioviburnia we have a valuable addition to our armamentarium in our battle against the enemies of the noblest work of God—Woman."

Antikamnia.

The advertisement of this new antipyretic and analgesic will be found in this issue. Our exchanges contain the testimony of many physicians who have used it most successfully in neuralgia, rheumatism, sciatica, and other neuroses as a substitute for morphia.

Marchand's Peroxide of Hydrogen

Is rapidly growing in favor with the profession. It is a most powerful antiseptic, and is endorsed by such men as Drs. Squibb, Gibier, and Morris, of New York, and Bert, Reguard, Péan, and Larrivé, abroad. The advertisement of this excellent preparation will be found in this number.

Dr. Wm. C. Wile's Loss by Fire.

We regret to learn that our friend, Dr. W. C. Wile, of Danbury, Conn., has sustained the heavy loss of about \$8,000.

caused by the burning of the publication office of the New England Medical Monthly and the Prescription, the two journals so ably conducted by him. The fire occurred on the 25th instant, and the entire March issue of the first-named journal was destroyed.

Editor's Library Table.

Principles of Surgery. By N. SENN, M. D., Ph. D, Milwaukee, Wisconsin; Professor of Principles of Surgery and Surgical Pathology in the Rush Medical College, Chicago, Ill.; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Milwaukee Hospital, etc., etc. Illustrated with 109 wood engravings. Philadelphia: F. A. Davis, Publisher. 1890. Price, Cloth, \$4.50; Sheep, \$5.50 net.

Here is a good book which completely fills a gap in American book-making on Surgical treatises. It is written for the student and the general practitioner, and will serve as a faithful guide on the principles of Surgical science. If one has mastered these principles, the practice of Surgery can be successfully pursued without burdening the memory with numerous details incident to the treatment of rare lesions and unexpected emergencies. We know of none better fitted for this task than the distinguished author, and we expect to see the work adopted among the list of text-books in all our Medical Schools, a recognition it richly deserves.

Text-book of Hygiene, a Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American standpoint. By GEORGE H. ROHE, M. D., Professor of Obstetrics and Hygiene in the College of Physicians and Surgeons, Baltimore, etc., etc. Second edition. Thoroughly revised and largely rewritten, with many Illustrations and valuable Tables. Philadelphia and London: F. A. Davis, Publisher. 1890.

The first edition of this book was well received, and, now that the author has added so much valuable matter as to increase its size nearly one hundred pages, it deserves to rank as the leading text-book in Sanitary Science. He acknowledges his indebtedness to Medical Director Albert L. Gihon, of the United States Navy for revising the chapter on "Naval Hygiene," and to Surgeon Walter Wyman, of the United States Marine Hospital Service, for supplying the chapter on "Quarantine."

We regret to find that the Metric System has been adhered to exclusively. If the equivalents were only given in the English weights and measures we venture to say the book would be nearer the American standard. With this exception, the book is well nigh perfect.

Auscultation and Percussion. By FREDERICK C. SHATTUCK, M. D., Professor of Clinical Medicine in Harvard University; Visiting Physician to Massachusetts General Hospital, etc. George S. Davis, Detroit, Mich., Publisher. Price, paper, 25 cents. For the set of twelve books, \$2.50.

Mr. Davis again places the profession under obligations to him for furnishing such valuable literature at a price within easy reach of every one. This number of the Physician's Leisure Library Series is written by one distinguished for his accuracy as a diagnostician and clearness of statements as a clinical teacher, particularly in the line of diseases of the chest. A most valuable number of the "Library."

A Compend of Gynecology. By HENRY MORRIS, M. D., late Demonstrator of Obstetrics and Diseases of Women and Children in the Jefferson Medical College, Philadelphia, etc. With forty-five illustrations. Philadelphia: P. Blakiston, Son & Co. 1891.

This constitutes one of "Blakiston's Quiz-Compends" and while it will be a great aid to the beginner it will be of incalculable benefit to practitioners who want to know the best methods of procedure. It is based on such standard works as those of Skene, Emmet, Goodell, Thomas, Duncan, Hart, Barbour, and others. The numerous illustrations are, for the most part, after that most practical author, Byford, and they enhance in no small degree the value of the book, which will be appreciated by any one who purchases it.





Vol. V.

MARCH, 1891.

No. 3.

Medical Methods and Opinions.

TRANSPLANTATION OF THE TISSUE OF THE LOWER ANIMALS TO MAN.

THE METHOD OF

A. M. PHELPS, M. D.,
NEW YORK.

The readers of Practice already know something of the experiment suggested and put in practice by Dr. A. M. Phelps, at Charity Hospital, New York, viz: the transplanting of dog's bone to an ununited fracture of a boy's tibia; and we are very glad that we are able to illustrate Dr. Phelp's method by electroplates especially prepared for this journal.

It will be seen that actual union did not occur, owing to a defect in the dressing, yet the results in this case establish the fact that large masses of soft tissues can be successfully transplanted from animal to man. Such conditions as ulcers that heal by no other means in surgery; scalps ripped from the heads of factory girls by machinery, etc., etc., will furnish ready examples of the utility of Dr. Phelps' method.

In response to our special request, he has furnished us the notes of the case of John Gethins, the lad operated on at Charity Hospital, New York, in November, 1890. This boy was suffering from an ununited fracture of the lower third of the leg,

the result of an operation to remedy an anterior curvature of the tibia, which had existed from early childhood, and which compelled the use of crutches. There was no paralysis of the limb, neither atrophy, excepting from non-use. The muscles in every other respect were perfect. The operation of osteotomy, referred to, was done more than two years ago by Dr. Phelps, and every effort to bring about union, resulted in failure. Wiring of the bone, and still later, the removal of all cicatricial tissue and careful stitching of the periosteum and wiring of the bone failed. Even after this the ends were freshened and decalcified bone chips were engrafted after the method of Senn. This failed. Finally, a fifth attempt to bring about union by Thomas' method of hammering, damming and adjusting an appliance for the boy to walk upon, likewise was unsuccessful. This was not all, for we next hear of him as being operated on twice by another eminent surgeon of New York city, with a failure each time.

Thus it will be seen that this plucky boy had undergone seven distinct operations without any benefit whatever. Then it was that Dr. Phelps, in response to a pathetic appeal from the little fellow, determined to attempt the transplantation of bone from a dog. The operation was performed at Charity Hospital, November 16, 1890. The limb then presented a good condition, excepting the shortening of about four inches as a result of previous operations to unite the fracture.

A dog two years old was secured and prepared for the operation, carefully cleaned with soap and water and made aseptic

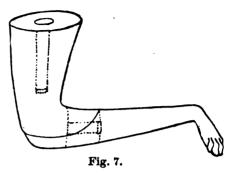
with a solution of bichloride of mercury.

While the patient was being anesthetized and the ends of the fractured bones freshened, Drs. Plympton and Mooney, assistants, prepared the dog in the following manner: She was etherized and then enveloped in a thick layer of absorbent cotton to the thickness of several inches, while placed in the natural sitting posture, Over this soft covering of cotton a few turns of a plaster-of-Paris bandage were made to hold the dressing in place. The dog was not encased in plaster of Paris; the right foreleg of the animal protruded through the dressing. The leg was carefully shaved and again made aseptic with bichloride of mercury, and finally with iodoform and ether. The dog was

now ready for the operation. With the assistance of Dr. James E. Kelley, Visiting Surgeon to Charity Hospital, and also Drs.

Charles D. Roy, C. Stephenson, and J. D. Wood, members of the house staff, Dr. Phelps proceeded to the operation of the patient.

Two elliptical incisions were made down to the fracture, four inches in length, removing the old cicatrix and cicatricial tissue about the ununited ends of the bone, together with an elliptical piece



of the soft parts. With a saw the ends of the bones were freshened, leaving a space of about one inch between them. The portions removed proved to be eburnated, and more like ivory than bone.

Drs. Plympton and Mooney now prepared the limb of the patient for the next step in the operation by enveloping it in a plaster-of-Paris bandage, commencing six inches above the incision and extending to the upper third of the thigh. The foot and ankle were also covered with a plaster-of-Paris bandage. While they were skillfully preparing this part of the dressing he was preparing the dog. An incision was made through the skin, as represented in Fig. 7, for the purpose of cutting a piece which would accurately fit in the elliptical-shaped wound of the patient's leg. The elbow was now quickly excised; the radius and ulna were severed one half inch in front of the elbow-joint, and humerus three inches above it, and removed (see Fig. 3, B), leaving all the soft parts.

The extremity near the paw was amputated, leaving a piece of bone one inch in length (Fig. 3, A), attached to a branch of

the brachial artery among the soft parts.

The attachment of the biceps tendon was detached from the bone and loose superfluous muscular tissue removed. In the dog the nutrient artery enters the bone one inch in front of the elbow-joint. Cutting the bone as indicated above saved the nutrient artery from injury and secured the nutrition to the fragment of bone from which he had hoped that new bone would be thrown out, and at the same time stimulate the human bone to a reparative effort.

The dog was placed by the side of the patient, the head toward the patient (Fig. 9). An aluminum dowel-pin was passed through the medullary cavity in the long axis of the bone. This, Dr. Phelps thinks was a mistake. A steel pin inserted into the solid portion of the bone would not interfere with circulation so much. See Fig. 4. The piece of bone A, Fig. 3, was placed between the ends of the bone B, B, of the patient,

as seen in Fig. 11. The bones were crowded together, the dowelpin entering the bones of the patient above and below. A silver wire was passed around the entire graft (see Fig. 11) and securely tied. This held the bone firmly in place. Fig. 11 shows the artery giving off its nutrient branch to the grafted bone A. Muscle was stitched to muscle, and skin to skin, the parts being evenly coaptated. C is the humerus of the

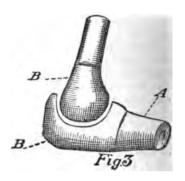


Fig. 12 is a diagram showing the bone A, in place between the bones of the boy, B C. It also shows the dowel-pin, wire, main artery and nutrient artery. D represents the dog's leg stitched to the soft parts of the patient, E. Band iron was bent and adjusted over the wound, from the upper plaster cast to the lower one of the boy's foot, thus leaving room for dressing. A large drainage-tube was inserted for drainage, which opened posteriorly. A few turns of the plaster of Paris bandage secured the iron rods to the leg. The wound was dressed antiseptically.

Through the entire operation the most rigid antiseptic methods were carried out. Constant irrigation prevented the possibility of wound infection. Having in Drs. Plympton and Mooney two most efficient dressers, and working two teams, one for dressing and one for operating, the hands of the operator did not come in contact with the plaster of Paris or septic dressings. The operation can be performed in one hour with efficient dressers.

The operation appears difficult and complicated, but is quite simple when understood. Many mistakes which occurred in this could be corrected in another operation.

The patients (for we must now say patients) were put to bed. Both recovered from the anesthetic rapidly. Small doses of morphine were used for both from time to time to allay, not so much the pain as the uneasiness caused by the forced confinement. After three days this uneasiness passed away, and from that time on the dog and patient became friends, administering

to each other's comfort—the patient by feeding and playing with the dog, and the dog by vigorous wags of the tail, which showed her appreciation of his kindness.

Before the operation was performed the vocal cords of the dog had been carefully severed, under ether, to prevent any disturb-



Fig. 9

ance of the patient. At the end of two weeks, however, the cords had again reunited and the voice of the dog sounded fully as strong as before the operation. The only pain caused to either patient was the twitching of the muscles of the dog as she shrank in her bed from the loss of adipose tissue. This might have been prevented by a simple procedure at the time of operation.

On the sixth day the case was dressed in the presence of Drs. Newman, Stewart, Wooley, and Professor Prince Morrow, of the University Medical College, and Visit-



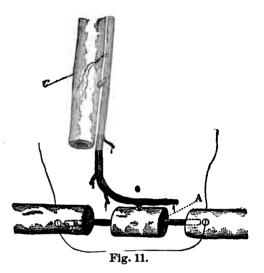
ing Surgeon to Charity Hospital.

The wound was found perfectly healed by primary union, without a single drop of pus. Only for the difference in the color of the skin it would have been difficult to detect the line

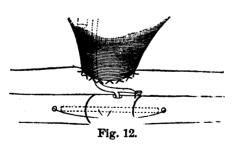
of union. On the eighth day the wound was again dressed and the union was still perfect and more firm. Finally, at the end of eleven days, there was an apparent shrinkage of the dog in the dressings. This allowed of motion, and it became evident

that the graft would be pulled from its attachment within a few days. Consequently, much as it was desired to continue the experiment, Dr. Phelps concluded, as a prospective act of humanity, to sever the bond of union. The dog was chloroformed during the operation.

While the graft was being trimmed and the leg of the patient dressed, Dr. Kelley skillfully secured the artery and nicely stitched up the stump of the dog's leg. She



was then placed in bed and cared for by the nurse. As the graft was trimmed down to the parts still attached a free oozing of blood took place through the graft, which demonstrated the fact that union had taken place and that circulation had been established



between the patient and the dog. Both patients rapidly convalesced. The boyspent his time writing letters to his friends and reading the papers and postal-cards from persons (members of Society for Prevention of Cruelty to Animals) praying that the effort to save his leg might be a failure.

The wound was dressed and the graft examined daily. At the end of five weeks it was discovered that the bone showed no further sign of uniting, and desiring to give the boy every chance for union of the fracture, it was removed. The rods, also, were removed, and the ends of the patient's bones placed firmly together, hoping to secure union because of the stimulation produced by the graft. The bone-graft was irregularly covered with a new growth of bone, thus proving that an effort had been made by nature to unite the fracture. This was the result of eleven days' contact. whereas at least thirty days are required for bony union to take place.

Fig. 8 is taken from a photograph of a longitudinal section of the same bone, and shows the thickness of the new growth

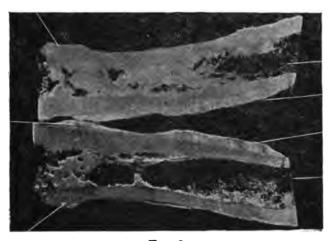


Fig. 8.

on its surface, A. The canal of the bone was also filled with new growth of bone, excepting where the dowel-pin passed through.

The average temperature recorded in the patient was about 99½°, in the dog 99 4-5° F. The average pulse of the boy was about 95; that of the dog about 98. The normal temperature of the dog is above a hundred degrees, that of the human being 98½° F. The temperature of the dog fell to below a hundred and that of the boy rose to near a hundred, or the same as that of the dog, where it remained for weeks. The pulse of the boy rose and the dog's fell until they beat nearly the same number of beats per minute, varying from ninety to one hundred and ten. The boy ate, slept, and felt well. There was no sepsis. Whether this peculiar condition of temperature and pulse was due to the interchanging of blood between the animal and the patient he cannot say; further observation is necessary to verify it.

Fig. 9 is a photograph of the case taken by Dr. R. H. Pomeroy, a member of the house staff, a few days after the operation.

After the eleventh day, owing to the plaster of Paris accidentally getting into the wound, pus for the first time was seen.

This rapidly disappeared.

The operation had a two-fold object: First, to establish the fact that large masses of soft parts could be transplanted from an animal to man; second, to unite an ununited fracture by a section of bone from the dog. Dr. Phelps has succeeded in demonstrating the first proposition, but partially failed in the other in so far as the actual growing of the bone into place is concerned. This was due entirely to a defect in the dressings. This principle of transplantation established means much to humanity; its application will be found useful in many cases which now defy the best efforts of the most skillful surgeons in the world.

Referring to cases suitable for the application of this principle, and particularly to skin-grafting scalps made bare by machinery, Dr. Phelps remarks that months are required to renew the covering, and that Thiersch's method of skin-grafting has been a step in advance of the older methods, but a martyr must be found to submit to the flaying. A dog would be found better adapted for the work, as hair could be transplanted with the flap. Sloughing, following amputations in the upper third of the tibia, resulting in cicatricial contraction with indolent granulations covering the end of the stump, caused by the bad circulation from pressure, is now cured. But how? By amputation at the knee-joint or else so near to it that an artificial limb cannot be worn with a useful knee-joint. Animal transplantation should be resorted to before amputation is performed.

If circulation could be established between opposite species, the elements of whose blood differed, without injury to either, a step would be taken which might lead to the relief of many a sufferer. Then large masses of tissue could be grafted from an animal to man, the circulation of the animal furnishing that which the patient could not supply, as in bone-transplantation. Or in grafting of soft parts the circulation of the dog would keep alive the graft until it had become firmly united to the patient, then it could be severed.

In bone-transplantation it was expected that in four or five weeks the animal would have thrown out a provisional callus, and at the same time stimulate the fracture to repair. The result seems to substantiate that theory. A dog was selected because the elements of its blood very closely resemble those of man. The reparative energy of a dog is very strong and his power of endurance great. No unnecessary cruelty is inflicted, and aside from the confinement but little suffering occurs.

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month.]

Biborate Sodium in Epilepsy, according to recent reports in this country and abroad, has a controlling effect when the bromides have failed. It may be given in daily quantities of fifteen to thirty grains, gradually increasing to eighty grains. The daily quantity may be given in two doses.

Bromoform in Whooping-Cough is said to possess almost a specific effect. It shortens the whoop and lessens the severity and the frequency of the paroxysms. It must be given with caution, however. Give an infant from two to four drops, children, four to eight years, five drops, three or four times a day diluted with water.

Operation for Biliary Calculus.—At a late meeting of the New York Academy of Medicine, Dr. Gerster reported the case of a woman upon whom he had successfully operated for gall stones. Some six months before coming under observation she had been taken down with violent pains in the hypochondriac region and had felt the presence of a lump, which became reduced in size upon the application of ice. She had continued to have a constant slight pain in the same region. had several of the acute seizures. He made a transverse incision, three inches long, over the tumor. The tumor was not found to be adherent to the abdominal walls and was demonstrated as being the gall-bladder. The parietal peritonæum was then stitched to the sides of the sac and the latter incised. It contained sixty-seven stones, a large one being found in the cystic duct. The cut edges of the sac were then sutured to the abdominal wall with silk. The wound on either side was closed with silkworm gut. A small tube was left in the gall-bladder, projecting below the dressings. Though the patient bore the operation well and the subsequent irrigation of the bladder with Thiersch's solution was faithfully carried out and thorough drainage effected, the discharge had remained purulent and tinged with bile and the patient had complained of pain in the abdomen near the wound. Sometimes this pain was so severe that anodynes had to be given. Upon the removal of the tube, and probing, the distinct click of a stone was made out.

A tupelo tent was then inserted into the opening. On the removal of the tent two more stones were got out with the forceps, another was crushed and extracted, and still another was felt but could not be got out. This pain had continued until, probably as the result of some manipulation, the stone had become dislodged, and from that time the patient had been free from all discomfort, the gall-bladder and the external wound had entirely healed, and she was rapidly gaining flesh.

When to Give Stimulants in Fevers.—The Therapeutic Gazette discusses this subject and very properly remarks: In the aged and debilitated, when attacked with pneumonia, typhoid, or any other febrile disease of more than ephemeral duration, the expediency of early beginning a stimulating treatment is everywhere recognized. The attending physician will be very chary in the use of veratrum or antimonials, and will from the very first order some wine or brandy, in such doses as will in his judgment sustain the heart and nervous system. Unfortunately, such persons are bad subjects for pneumonia or typhoid, and will often sink about the sixth or seventh day, despite the most careful supporting treatment.

Among the "classic" signs indicative of the necessity of stimulants, we have the dry, brown tongue, sordes in the mouth, stupor or subdelirum, coldness of the surface, a peculiar fever odor, often present from the first, feebleness and irregularity of the heart's action. The quick, soft, compressible, wavy pulse calls for alcohol. Perhaps no better rules based on the condition of the heart can be formulated for the administration of stimulants than those which Stokes has laid down for our guidance. The following, according to him, are the physical signs which seem to indicate the early use of stimulants:

1. Early subsidence of the first sound, observed over the left ventricle. 2. Diminution of the first sound over the right ventricle. 3. The heart acting with a single, and that the second, sound. 4. Both sounds being audible, but their relative intensity being changed, so as to represent the action of the heart of a fœtus in utero. 5. With these signs, a progressive diminution of impulse, which occasionally becomes imperceptible, even when the patient lies on the left side.

As to the quantity of alcohol to be administered, everything will depend on the condition and previous habits and idiosyncrasies of the patient. An adult male patient, about the fifteenth day (or about the time of crisis) of typhoid fever, with nervous and circulatory symptoms, indicating a tendency to sinking, will often bear enormous quantities of alcohol, and it

is not an uncommon event for patients in this condition to be dosed to the extent of a quart of wine or a quart of brandy in the twenty-four hours. The most judicious practitioners are disposed to exercise moderation in alcoholizing patients, even in states of asystolism, and believe that nothing is gained by exceeding an ounce of good whiskey or brandy per hour; if this will not save life, more will be inefficacious.

New Method of Reducing Dislocation of Humerus.—For anterior dislocations of the humerus, whether subcoracoid, subglenoid or axillary, Dr. Carter S. Cole, of the Vanderbilt Clinic, and New York Post-Graduate School staff, offers in a late number of the New York Medical Journal, a new method which he has found superior to the manipulative method of Kocher. Dr. Cole's method differs from Kocher in the necessity for relaxation and the manner of obtaining it, in the extent of external rotation necessary, in the difference as to posture of surgeon or patient, in the fact that adduction across the chest is generally superfluous, and above all, in the rapidity of its application.

The features in Kocher's method, as originally proposed, were flexion of the forearm on the arm to 90°, adduction, external rotation, "practically until the forearm makes an angle of 90° with the antero-posterior plane of the body," and, lastly adduction of the arm and forearm upward across the chest (with, of necessity, internal rotation of the humerus), so that the hand of the affected limb should rest on the opposite

shoulder.

At the Chambers-Street Hospital, where the method has received a more extended application than anywhere else in this country, downward traction (recommended by Dr. Jersey) has been added to the manipulations just given; and the patient assumes the dorsal decubitus, an assistant holding the unaffected shoulder squarely upon the couch.

Dr. Cole shows that the new method is logical, is natural, is quicker, does no harm if it does not succeed, has no ill-bearing on a subsequent application of Kocher's, applies to the low anterior dislocations as well as to the high, and, if for nothing else than the facility and rapidity with which it accomplishes

reduction, deserves a trial in every recent case.

The method can best be understood from quoting: "Examination showed a typical medium high anterior (subcoracoid) dislocation of the left humerus. As we both stood, I took the patient's left wrist lightly in my left hand, flexed his elbow to an angle of 90°, and allowed his left arm to hang loosely by

his side. Standing thus, detailing for the first time, to my friends on the staff what I hoped to accomplish, chatting also with the patient, as I jostled the affected limb lightly, watching to catch the patient of his guard, I made, at a moment of complete relaxation, a quick, smart, downward stroke with my right hand on the anterior surface of his flexed forearm close to the elbow joint, following this immediately by slight external rotation, and this by adduction upward of the arm and forearm across the chest—all more quickly than I can now narrate it—and the reduction was accomplished.

The next case was one of the low anterior dislocation (axillary), the other form in which I had argued that the method would be applicable, and here, too, the same gratifying result

attended the first effort at reduction."

His method has been tried in fifty-one cases, and in thirty-seven of which it proved successful. The record further shows it to be more successful than Kocher's for axillary dislocations

Some Observations on New Remedies.—Dr. R. Harvey Reed, of Mansfield, Ohio, in a paper published in the American Lancet gives us a good pen picture of the old days in medicine when the old fogies could scarcely be made to leave the timeworn ruts of their forefathers, as contrasted with the progression of the present day, regarding new remedies. While it is a fact that all the new remedies are not reliable, he does, however, speak in the highest praise of one, viz: Pancrobilin, a combination of pancreatin and bile, which gradually engrafted itself into his good graces and he expects always to use it. He

goes on to say:

"In cases where there is a diminished quantity, or even an absence, of these natural products, especially the bile, resulting in the distressing complication of intestinal or duodenal indigestion, I have found this preparation of decided value by assisting the intestinal digestion until the normal functions of the liver and pancreas, but especially the former, could be established. In constipation attended with flatulence, the result of an inactive liver, I have found this remedy of great value, promptly relieving the flatulence, and producing natural colored stools of a normal consistency, in place of the pale ash colored fæces, or the dry, hard scybala, of the chronic dyspeptic. After a careful trial of some three years in a variety of cases affected with constipation resulting from congestion of the liver, and in cases in which there is an atonic condition of the coats of the bowels resulting in intestinal indigestion, I am frank to say that I know of no two remedies that will give as prompt relief to these conditions as pancrobilin and cascara sagrada. In the one class of cases the pancrobilin supplies the intestine with an artificial supply of bile and pancreatin, which digests the food that otherwise would not be digested, thus giving relief until the real difficulty with the liver can be overcome. In the other class of cases the cascara sagrada tones up the intestine, increases the secretions, which in turn facilitate digestion, and relieves the constipation."

Hydrogen Dioxide.—The most powerful pus-destroyer which we now have is hydrogen dioxide (peroxide of hydrogen). Many articles have appeard recently from pains-taking clinicians, setting forth the value of this powerful antiseptic, and the most recent one coming under our notice is a paper by Dr. John Aulde, of Philadelphia, published in the New York Medical Journal. From the peroxide of hydrogen we may obtain, in the form of a vapor or spray, the therapeutic effects of nascent oxygen, and as a surgical application or antibacterial substance this product is far superior to the gas itself. Used in the form of a vapor by inhalation, it increases the secondary assimilation by favoring the elimination of excrementitious products through the stimulating effect upon internal respiration. When it is introduced into the alimentary tract, abdominal fermentations are arrested by the destruction of the germs which produce them; unhealthy mucous secretions are destroyed, while the vitality of the cells lining the walls of the intestine is augmented, and their power against the absorption of ptomaines and leucomaines greatly increased. The surgeon will find the peroxide an efficient and most convenient antiseptic, as it can be freely used in cavities, in discharging sinuses, and upon the most delicate tissues, without danger of producing the slightest irritation. In all cases of threatened collapse, in low conditions of the system, and during convalescence from severe illness, the physician should bear in mind the wonderful revitalizing properties of this remedy. Some of the diseases in which it may be used beneficially are here noted: In anæmia and chlorosis its inhalation increases the appetite, improves the digestion, and rapidly causes the feeling of malaise to disappear. In erysipelas the germs are destroyed by its use internally, as well as by spray. Septicæmia offers brilliant results from its Since it has been determined that in yellow fever and cholera the poison germ is found only in the intestine, the peroxide promises to afford exceptional relief in these diseases. When introduced into the rectum it destroys all unhealthy products which may be present in the lower bowel. For this

reason it may be used with advantage as a lavement in treatment of diarrhea, dysentery, and typhoid fever. Those who use it once for the relief of indigestion, gastritis, gastralgia, and for the arrest of fermentation, or an abnormal flow of mucus, will have no cause to regret the selection. Those cutaneous affections dependent upon an unhealthy condition of the alimentary canal will be benefited by the use of the peroxide of hydrogen. In pulmonary affections the continued use of the peroxide internally improves the primary assimilation; the regular and systematic inhalation of the vapor will not only improve the secondary assimilation, but it will also destroy any morbid products with which it comes in contact in the pulmonary tissues. "And," says Dr. Aulde, "judging from my own experience, I have no hesitancy in saying that its value is not vet appreciated by a large number of physicians who, with it, might be the means of prolonging life." His observations with the vapor and spray in asthmatic conditions have been surprising; and he has found them of signal service in meeting emergencies, such as asphyxia from coal gas, sudden collapse from hemorrhage, typhoid and other fevers. In subacute and chronic bronchitis the use of the vapor will be of great service.

In surgical practice, when the solution of the proper strength is brought into contact with diseased tissues, a brisk effervescence takes place and continues until all the pus-corpuscles are destroyed. This solution may be used topically in nearly all cases of catarrh of the upper air passages in the form of a spray, and it may be used as an antiseptic after the removal of pus in empyema. The substance possesses the advantage over other antiseptics of being harmless, and can therefore be used freely in diphtheria and croup. There are so many indications for its employment that it would be difficult to mention all the topical uses, although the following may be referred to, viz., boils, carbuncles, indolent ulcers, carcinoma, and venereal diseases as an injection.

The gynæcologist will find numerous applications for this agent. It may be used in the form of a douche in leucorrhea, elytritis, and vaginismus, and a cotton-wool tampon may be saturated with it and placed in a gelatin capsule (veterinary size) and introduced into the vagina in the case of ulceration, vesico-vaginal fistula, and endometritis. The ophthalmologist and aurist will likewise find that it furnishes them the most complete and safe antiseptic that can be had, and gradually its employment will extend to every department of medicine and

surgery.

The most flattering commendations of "Marchand's peroxide of hydrogen (medicinal)" have been given voluntarily by numerous well-known authors and contributors to medical

literature within the past few years.

Dr. Robert T. Morris, of New York city, refers to it as "the necessary peroxide of hydrogen," and Dr. Aulde says he has found Marchand's product to possess in a remarkable degree the properties so essential to success—viz., uniformity in strength, purity, and stability. The names below may be mentioned as additional evidence that the methods here recommended are worthy of further investigation: Dr. W. B. Clarke, of Indianapolis, Ind.; Dr. George B. Hope, Surgeon to the Metropolitan Throat Hospital, New York; Dr. J. Mount Bleyer, of New York; Dr. Paul Gibier, Director of the New York Pasteur Institute; Dr. R. Charest, of St. Cloud, Minn., and Dr. E. R. Squibb, of Brooklyn, N. Y.

The Laxity of Physicians about Advising Exercise.—Dr. Simon Baruch, of New York, believes that physicians are too lax, as a rule, in their directions about exercise and open air. Too much is left to the caprice of the patient or the sympathy of the attendant. That greater precision in our directions—a precision at least approximating that exercised in the administration of medicinal agents—would surely be rewarded by more positive results, is the frequent observation of men of large clinical experience. It does not suffice to tell the patient: "You must exercise to the point of fatigue; use your judgment." The "dose" of exercise, the place, the time, the method, all these must receive as scrupulous and minute attention as we are in the habit of giving to the doses, quality, and method of administration of strychnine, arsenic, or iron.

The Treatment of Strangulated Hernia by Belladonna and Atropine.—Hagan, in the Centralblatt fur Chirurgie, states that in 20 cases of strangulated hernia he has employed the following treatment: For several hours the hernial tumor is carefully treated by inunctions of an ointment made by adding one drachm of the extract of belladonna to 10 drachms of benzoated lard, and finally, under the skin, immediately over the tumor, is injected one hundred and fiftieth of a grain of sulphate of atropine, which may be repeated if necessary. At the same time with these inunctions and injections taxis is employed, and in a certain number of cases Hagan found it unnecessary to resort to herniotomy. The employment of the belladonna and atropine renders the tumor more soft and yielding and furthers spontaneous reduction of tension. The reason for this treat-

ment rests upon the statement of Schmiedeberg that belladonna and atropine in minute doses cause a contraction of the messenteric vessels and an increased peristalsis of the intestinal walls.—Med. News.

Treatment of Pneumonia.—Prof. Penzoldt, in order to ascertain what treatment has given the best results, has reviewed in the Munich *Med. Woch* the histories of all pneumonia patients treated at the Erlanger university from 1867 to 1890, about 2,200 in number, and for purposes of comparison have

divided this time into three periods.

The first period comprises the years 1867-1876, when symptomatic treatment was in the ascendancy. It was impossible to bathe adults, because there were no bath-tubs among the poorer classes, and children could not be bathed properly for a lack of trained attendants. Quinine was the only antipyretic until salicylic acid was introduced late during this period: and even this, on account of its high price, could have only a limited use. The second period, 1877-1883, was distinguished by the cold bathing of children, while the treatment of adults was unchanged. In the third period, 1884-1889, antipyretics were widely used. From tables which are given, it is seen that the mortality during the last two periods was a very little less than during the first period. The mortality of the second and third periods was practically the same. The mortality of adults during the third period is then compared with that during the first and second, and a marked improvement in favor of the third period is seen (from 20.21 per cent. down to 12.15 per cent.) Antipyretics, therefore, have had a very favorable influence on the course of pneumonia in adults. Still, reduction of temperature is not our sole aim, and a rational treatment by bathing should be employed when we wish to stimulate either the brain, lungs, or heart.—Gaillard's Med. Journal.

A Mistaken Ankle Sprain.—Dr. D. Hayes Agnew calls attention, in the University Medical Magazine, to a lameness which is often ascribed to sprains of the ankle joint, when, in fact, the seat of trouble is not in the ankle at all, but is dependent upon inflammation in the sheath of the tendon of the perineus longus muscle. This will be easily evidenced by pressure along the course of the tendon, between the external malleolus and the base of the metatarsal bone of the little toe. There is little, if any swelling; pain will also be experienced on forcibly abducting the foot. The differentiation from ankle sprain is comparatively easy, for here there is diffuse swelling about the

joint, especially in front, and unusually severe pain on flexing and extending the foot. When the tendon and its synovial membrane are involved, a Dupuytren splint should be applied on the outer side, fixing the ankle and holding the foot in an abducted position. The tendon is thus relaxed and pressure is taken from its canal. With rest and anodyne applications the inflammatory trouble will subside in a week or ten days. The patient must not now be allowed to walk around in an ordinary shoe. A number of plies of leather are to be applied on the outer side of the sole of the shoe, gradually thinning off toward the inner side of the foot, and relieving the tendon from pressure. Such a shoe should be worn for some time, and only restored to its original form by gradually removing one layer of leather at a time from the sole.

Examination of Urine for Life Insurance.—Dr. Charles W. Purdy, of the Chicago Post-Graduate Medical School Staff, closed a recent lecture with the title above by formulating the following rules:

1. If albumin is found in the urine, do not recommend the applicant for insurance because the quantity of albumin pres-

ent is small, even though it be mere traces.

2. If albumin is present in the urine and the applicant is

over forty years of age, decline the application.

3. If albumin and renal casts are found in the urine, decline the application regardless of the age of the applicant or the quantity of albumin present.

4. If albumin is found in the urine in large amounts—two

or more grammes to the litre—decline the application.

5. If the applicant is of middle age or over and has always been a generous eater, especially of meat; and if he rises regularly at night to void considerable quantities of clear urine of low specific gravity; and if, in addition, there is decided tension of his pulse with accentuation of the second sound of the heart, decline the application even though the urine is free from albumin.

6. If true renal casts are unmistakably present in the urine, either epithelial, granular, fatty, hyaline, or composite, decline the application even though the urine is free from albumin.

7. If the specific gravity of the urine is normal (1.020) or above, but it contains albumin at times, while at other times it contains none, especially on rising in the morning, and no casts are present in the urine of an applicant who is under thirty years of age and apparently in good health, the albuminuria is doubtless of the so-called functional form, and, in the discre-

tion of the home office, the application may be accepted for a ten-years' endowment policy. As yet, however, such risks cannot be considered altogether safe for life policies.

8. If the applicant is subject to frequent or occasional attacks of gravel—one or more of which was recent—the application

should be declined.

9. If the applicant has had one or more attacks of gravel and more or less dull pain is present in the renal region, and the urine is more or less turbid from the presence of pus, the application should be declined.

10. If the applicant has had attacks of gravel, but five years have elapsed since the last attack, the urine remaining perfectly normal, and no pain is present in the region of the kidney, the

application may be accepted.

11. If the applicant is over fifty years of age and voids his urine with more or less slowness and difficulty at times, the stream being small, forked, or dropping, and at times involuntarily shutting off before the finish, and if he rises regularly at night to void urine and is subject to periodical attacks of frequent urination, the application should be declined, even though the urine itself is in every respect normal.

12. If the urine contains sugar the application should be de-

clined.

13. If the urine is turbid from admixture with pus or blood, the application should be declined.

Hot Water Flushing of the Uterus after Delivery.—This is advocated by Dr. A. Duke in the Lancet for the reason that (1) It is a general stimulant to the patient. (2) It produces contraction of the uterus. (3) It removes shreds of membrane, (4) It prevents after-pains; and last, but not least, clots, etc. sets the practitioner's mind at rest by ensuring a permanent contraction of the uterus, and the certainty of knowing, when the water returns clear, of leaving a clean and untainted uterine cavity. The facility with which a uterus can be washed out directly after labor is a strong argument in favor of the pro-When attempted forty-eight hours later it will be found much more difficult, and not nearly so effective. several cases observed at the Rotunda Hospital, the rise in temperature, suggestive of puerperal fever, was found to be entirely due to the retention of a portion of membrane or placenta in utero, as the washing out with hot water proved. In this connection, he adds, nothing is more mischievous than the plan of twisting or "making a rope of the membranes." He says the fact of rotating the placenta when extruded (or partially so)

brings on a uterine contraction, and on the membranes being tightly grasped by the os and cervix the twisting is continued till the membranes break off, a portion being left behind, giving rise to after-pains, which, when not sufficient to expel the offending cause, become an undoubted source of danger to the patient. He suggests, however, that this flushing of the uterine cavity not be entrusted to the nurse, but be done by the physician himself.

The Danger of Morphine Suppositories.—Dr. N. L. Wilson, of Elizabeth, N. J., writes the N. Y. Medical Journal, March 14, the history of a patient who died from the effects of morphine introduced by suppositories said to contain a half grain morphine and one-hundredth grain atropia each, and kept in stock. woman was supposed to have carcinoma of the rectum, but an autopsy showed no trace of cancer. There were found, however, no less than six suppositories between the rectum and the transverse colon, some of which had remained in this undissolved condition for a long time. Several hours before her death the pain was so intense that one hour after the first suppository a second one was introduced, and one hour later a third suppository. He is of the opinion that the aggregate amount of morphine liberated from these partially dissolved suppositories produced death, and concludes that he who uses other than freshly made morphine suppositories subjects his patient to great risk.

Is a Pessary or a Tampon Naturally Indicated as a Support?—This question is the outcome of remarks made by Dr. G. Belton Massey, of Philadelphia, before the New York Obstetrical Society, in which he advocated the abandonment of pessaries. He believes their extensive use by the profession is based on an unnatural theory. It was in contradiction of nature to place a skeleton in a woman's vagina. Nature never placed a skeleton there, and he could not conceive of our improving upon nature in that one point. Nor had he ever been able to trace any distinct advantage to the use of the tampon as a sup-He had found that a woman at all sensitive objected to the irritation of the tampon. Practically he had been able to reduce his use of pessaries to bad and chronic cases of movable retroflexions and very bad cases of prolapsus, which were hopeless from any other method of treatment. He thinks we should get rid of the ultra-mechanical view when discussing the subject of displacements. What some others called displacement he has classed under the head of metritis or endometritis, or of

inflammatory conditions, with displacements complicating or attending upon them. He regards displacements as secondary, and thinks the cases may be divided into two classes—first, displacements with movable uteri; second, displacements with fixed uteri.

The electrical treatment in these conditions would so frequently effect a cure that we had no need to resort to a pessary. That which is at the bottom of nearly all such conditions was metritis. That cured, the displacement would take care of itself, whether it was anteflexion, retroflexion, version, or prolapsus. He has seen numerous instances in which the uterus had ascended and taken its proper place simply because the over-size had been reduced by galvanic or faradic treatment.

When Should Medicine be Taken?—The editor of the Medical Summary thus discourses on this topic: The proper time for the administration of medicines is of equal importance, in many instances, with the selection of the medicine itself. A large number of medicines are used in a routine way, after meals; but too often, when so employed, they are not properly absorbed, or they hinder digestion, and thus undermine the foundations of nutrition. For example, if the bromides be given after meals their absorption is hindered, and their presence in the stomach interferes with the peptic ferment; so that, in addition to the depression caused by the bromide treatment, we have superadded that which follows derangements of digestion. Some medicines can be taken at any time, because of their diffusibility; other medicaments, in order to produce good results, should be exhibited after meals; and others again should be used only between meals, when the stomach is presumed to be empty. The administration of pepsin and pancreatin furnish excellent illustrations of these principles. When the secretions of the stomach are sufficiently acid, pepsin alone can be used in the course of half an hour after food; but if there be a lack of acidity, it will be advisable to combine the pepsin with an acid, preferably hydrochloric acid, which is the normal acid of the stomach. Should gastric digestion be slow or imperfect, a little more acid can be added from time to time, although there will be no need of increasing the amount of pepsin provided the peptones are taken up. In the use of pancreatin, on the other hand, the acid condition of the stomach will destroy its activity. This will not take place, however, if the pancreatin be taken with food just after the first mouthful is swallowed, or if the preparation be taken about two or two and a half hours after, when the contents of the stomach are supposed to be neutral in reaction.

The Speedy Cure of Tonsillitis.—The London Medical Recorder contains the following prescription for the rapid relief of tonsillitis:

B. Tinc. of veratrum viride, 30 minums.
Sulphate of morphia, 1½ grain.
Distilled water, 6 drachms.

Dose, one teaspoonful, given twice, with one hour's interval, at the outset of the treatment, and then at intervals of two or three hours, as may be required.

The author of the treatment holds that there is some kind of therapeutical agreement or harmony between the drugs, when used together, which gives them an efficiency not possessed by either of them when used separately. For example, the liability to nausea from either of them alone is greatly modified by the combination. He refers to a number of cases in which this treatment has seemed to produce unusually prompt relief. and he asserts that he knows of no drug or drugs which have the power to control tonsillar inflammation with the certainty and celerity of those agents when used jointly.

Saline Purgatives in Peritonitis.—Dr. W. D. Porter, of Cincinnati, advocates in the Lancet-Clinic, most strongly the saline treatment of peritonitis. Notwithstanding the fact that the "opium treatment" of peritonitis is recommended in nearly every text-book, based on the surgical dictum of "rest for the inflamed parts," it remained for abdominal surgery to object to the method of locking up the secretions and "putting the bowels in splints" with opium, and to insist on the propriety of using purgatives, preferably the salines, for the production of free watery stools.

Two methods of treatment more directly opposed could scarcly be imagined. It has been but a short time since Mr. Tait suggested the latter method, yet it already has many adherents. and bids fair to become as widely adopted as was the method it opposes. Many cases are brought forward to illustrate the value of this method, but he does not draw the conclusion that purgation is applicable to every case of peritonitis, or that it is the leading indication in all cases where it is appropriate. The cases show beyond doubt that purgation exercises a prompt and decided influence in relieving the inflammation.

The leading objections which are urged by the advocates of the "opium treatment" are, that the peristaltic movements cause friction between the inflamed tissues, and that the free purgation wastes the patient's strength. While peristals may do slight injury it is certainly beneficial in preventing adhesions. The belief that the treatment seriously weakens the patient had its origin in the old methods of treatment, in which copious blood-letting was an invariable accompaniment of the purging. The weakening effect of the treatment is not great, and the restored ability to retain fluids soon compensates for

the depletion.

The rational grounds for the saline treatment may be summed up in what follows: When inflammation attacks this membrane, its vascular system is rapidly engorged. The capillaries are dilated and elongated. If the process continues, the connective tissue becomes ædematous, and an effusion varying within wide limits is thrown into the peritioneal cavity. The muscular coat of the intestines is paralyzed, and the gases expand in accordance with diminished resistance. Here is the so-called effort of nature to stop peristalsis and secure rest. But this is begging the question. These are pathological developments, and the question is whether to assist or resist such changes.

The use of purgatives which produce free watery evacuations, as the salines do, is certainly rational. To combat inflammation in other tissues by relieving the congestion and stasis of its first stage, is an unquestioned procedure. Why is it not proper here, where the possibilities of spread, by continuity are so great? The facility with which ascitic accumulations can be drained into the intestinal canal has long been known and utilized. That the engorged blood-vessels of the inflamed peritoneum can be likewise drained, experience has fully demonstrated. As some laparotomist has said, the intestinal canal is the drainage-tube, par excellence, of the peritoneal cavity. This method of local depletion not only gives mechanical relief to the inflamed tissues, but also eliminates the fluids and gases, the probable pabulum of bacteria.

In the discussion of this paper before the local society the opinion was general that one should not be satisfied with small evacuations, but seek to obtain copious watery discharges.

Dr. Charles F. Foye writes the Antikamnia Chemical Co., St. Louis, Mo.: "The Antikamnia sent me found a suitable case at once. My patient had long been a sufferer from hemicrania, and the pain was never more than partially relieved by caffeine, acetanilid, etc. Upon the recurring attack, I prescribed antikamnia, three grains every two hours. The first dose gave instant relief, to the great satisfaction of both myself and patient, and complete recovery was secured. I shall hereafter use antikamnia in preference to all other preparations, for the relief of migraine, sciatica, and other nervous diseases."





Vol. V.

MARCH, 1891.

No. 3.

Editor-J. F. WINN, M. D-Proprietor.

ALL ARTICLES must be short and practical, and, when possible, authors are requested not to exceed 1000 words.

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Dr. J. F. WINN, Richmond, Va.

The Use and Abuse of Drainage in Surgery.

The besetting sin of our profession is our tendency to go to This is the opening sentence of a paper with the heading above, recently read by Dr. James E. Moore, of the University of Minnesota, before a local Society at Minneapolis. In the matter of drainage of wounds, he believes we are still in the stage of abuse; but to prevent the reaction which has already set in from going too far and ending in disease, he suggests that we weigh well the conditions demanding drainage. and no longer drain from a force of habit. It is easy to know when to drain and when not to drain if we will keep in mind the motto of the laparotomists—viz: Septic cases and doubtful cases should be drained; aseptic cases are better without drain-One principle is self-evident, and that is, the more perfect a surgeon becomes in his antiseptic methods the less will be his need for drainage tubes. When our methods for wounddressing have been so perfected that an open wound can be placed in the same condition as that of a subcutaneous wound, then will there be no more indication for the drainage tube in the one than in the other. A quarter of a century ago wounds were drained to carry off the pus. Later, drainage was employed to carry off the discharges that they might not putrefy. To-day the drainage tube is largely used from force of habit.

Should the size of the wound influence us in deciding whether to drain or not? He says no. The character and not the size of a wound should determine this question. If drainage is decided upon, strips of iodoform gauze are to be preferred to rubber tubes. He gets more satisfactory results after amputation, after operations upon the breast and axilla, and, in fact, in all clean-cut wounds, without drainage than with it. Drainage is not necessary in an aseptic wound. Those who do not work antiseptically must, however, drain. Many a wound has been infected through the drainage tube, because it was impossible to keep the ends of the tubes covered by the dressings.

Professor Fraenkel's Opinion of the Koch Treatment.

It is known that Professor B. Fraenkel delivered, some weeks ago, a paper before the Berlin Medical Society on the Koch treatment. He is known to be a firm believer in the lymph. In closing a recent discussion on his original paper, he is recorded as saying, "If I were asked what I think of the Koch treatment to-day, I should answer, the more I investigate it the more I am convinced that it is what Koch claimed it to be, a successful method for treating tuberculosis in its incipient stages." He admits that there have been some bad results, and he agrees also to the possibility of its calling into action a latent miliary tuberculosis, but when we review the history of tuberculosis and the vast array of remedies that have been tried for its treatment, he asks, "Have your patients recovered?" Contrasted with previous remedies, then, "We have the Koch treatment, with some dangers, it is true, but with the history of an enormous number of cases in which very marked improvement has taken place, and some in which apparently a cure has been performed." He concludes by saying,

"I therefore do not hesitate to pronounce Koch's treatment by far the most promising of any yet known for the treatment of tuberculosis in its *incipient* stages."

Professor Liebreich's New Remedy for Tuberculosis.

The Berlin correspondent of the *Medical Record* refers to the great interest now attaching to a new remedy discovered by Professor Liebreich which is said to differ from Koch's lymph in not being made from baccilli, nor in any way connected with them. It is claimed for it to produce no fever, but the local changes in tubercular tissue are as prominent as those from tuberculin. In short, it is believed to possess the good qualities of tuberculin without its dangers.

The Present Aspect of Tuberculin Treatment n Germany.

We are glad to learn from the same Berlin letter that the reaction against the use of Koch's lymph which set in some weeks ago seems to be losing its force, and renewed confidence is felt in the remedy, under influence of reports from Berlin and provincial clinics where the method has had a more extended trial. It is claimed that much greater care is used than at first in selecting cases for treatment. The remedy is refused to all patients who show a pronounced hectic fever, or who have the physical signs of extended tubercular infiltration in the lungs. A better syringe has been made which is more easily cleaned and kept aseptic; so it is believed that under the influence of improved instruments, greater accuracy in dosage, and stricter limiting of cases for treatment, there has been a marked improvement in the statistics and, on all sides, a greater confidence in the remedy.

Messrs. P. Blakiston, Son & Co.,

Publishers of Philadelphia, announce for early publication "A Hand-Book of Local Therapeutics," being a practical description of all those agents used in the local treatment of diseases, such as ointments, plasters, powders, lotions, inhalations,

suppositories, bougies, tampons, etc., and the proper methods of preparing and applying them. As related, the diseases which chiefly require local treatment are those of the respiratory passages, ear, eye, skin, together with certain general surgical affections, including the diseases of women. The gentlemen who assumed the authorship of the various departments are well known, and eminently fitted for the task.

The authors believe that the information contained in this work will not be found elsewhere. The activity in the various lines of special medicine is one of the most striking phases of the times, and has materially changed many of the older methods of treating disease by local means. The greater part of the literature which has appeared is not accessible to most physicians. The "Hand-Book," it is believed, will be of value to general practitioners, as well as to those who, like themselves, are especially interested in sub-divisions of the clinical field. The work will form a compact volume of about 400 pages, arranged in a manner to facilitate reference, and containing, besides the usual index, a complete index of diseases, that will greatly enhance its usefulness.

Keep the Fees Up.

New towns are springing up all over the State of Virginia, as well as in many other parts of the South; and we have heard with regret that some of the new physicians settling in these places have conceived the idea that they will obtain patronage and respect by undercharging their brother practitioners. Never was there a greater mistake. People value what they buy by the price paid for it. So it is with medical services. Let a doctor place a low estimate on his skill, nine times out of ten the community will look upon him as inferior in point of attainments to his associates.

On this subject one of our Chicago exchanges offers good advice. We quote: "Let the first doctor who gets to a new town decide, by all the circumstances which he observes, what will be a fair fee for the people to pay for a physician's services. The next man who enters the field should compete with him

fairly and squarely, and charge the same fees. If these men are just and competent, they have established fees for that town for a long time to come. Others may come in and underbid them, but that will make no difference if these men have the confidence of the people. The lower charges will flavor of inferior service, and the community will look askance at the man who charges them. No good man, competent and qualified, will put a low price upon his services.

"There is a constant growing tendency in rapidly-growing cities for the prices to be gradually reduced. This must be constantly watched by every individual physician, and guarded against. Keep the prices up! There is actually no learned profession to-day more poorly paid than the medical profession, for the actual responsibility of the services rendered. In no other secular profession are there more poor men. It is a very rare thing indeed to find a man who has become rich in the practice of the medical profession, even when he charges full prices."

True words fitly spoken. Let every doctor who would uphold the dignity of his profession, and thereby retain the esteem of his confrères and the community, profit by them.

The Medical Examining Board of Virginia

Will convene in the Hall of the House of Delegates, Richmond, Va., Tuesday, April 21, 1891, at 8 o'clock P. M. The night session will be for the transaction of routine business of the Board. The examination of applicants will begin promptly at 9 o'clock the next morning, and continue two days. Three hours is the time set apart for examination upon each subject, and questions that have been once taken down will not be put up again; hence the great importance of candidates being prompt in attendance at the hour named above. Each candidate is required by law to deposit a fee of five dollars with the Secretary of the Board. For further particulars address Dr. Paulus A. Irving, Secretary, at Farmville, Va., or Dr. Hugh M. Taylor, President of the Board, Richmond, Va.

Purcell, Ladd & Co.'s Hypophosphites.

An objection urged against some of the preparations of hypophosphites on the market is the syrup which is used as the vehicle, and which sometimes disagrees with delicate stomachs. To obviate this effect Messrs. Purcell, Ladd & Co. have for a long time prepared their "Syrup of Hypophosphites" with glycerine instead of sugar, which fact, no doubt, explains its popularity, both with the profession and their patients.

G. W. Flavell & Brother,

Whose advertisement is found on page 16, make the best elastic goods with which we are acquainted. It was our pleasure to visit their factory and witness the various steps in the process of weaving elastic stockings, abdominal supporters, bandages, etc. If the readers of this journal need any of these goods, we know they will be pleased with the material made by this firm. They will appreciate orders the more if you refer to PRACTICE.

Our Subscribers

Will please remember that remittances sent to this journal in ordinary letter will be at their risk. We cannot be responsible for money sent loosely through the mails. Remit by check payable to our order, or procure a post-office order, or send money by registered letter. While sending your own subscription, could you not induce some friend to subscribe also? In this connection we refer to our premium offer on advertising page 13, which is open alike to old and new subscribers.

Bovinine

Holds in solution the albuminoids and salts of lean, raw meat, prepared by a cold process, containing the life-sustaining and tissue-building properties of the meat itself.

We have used this elegant preparation in typhoid fever, and in other diseases where an easily-assimilated food was wanted, and it has always afforded us prompt results.



Vol. V.

APRIL, 1891.

No. 4.

Original Department.

THE DUTIES, SORROWS AND JOYS OF MEDICAL PRACTICE:

AN ADDRESS TO YOUNG DOCTORS.

BY

W. W. PARKER, M. D.,
President of Medical Society of Virginia,
RICHMOND, VA.

[At the annual meeting of the Society of Alumni of the Medical College of Virginia, held April 8th, Dr. W. W. Parker, one of the most popular physicians of this city and State, delivered the annual address. We would like to publish it entire had we space, but we must content ourselves by giving a liberal abstract of this scholarly production.]

Gentlemen,—A large majority of you are just about to embark upon the field of practice, and to you I make this address. Were I about to visit a country strange and unknown, and could I find a friend who would honestly tell me of his sojourn therein for forty years, I would be a most interested listener. With this conviction I propose to-night to tell you in brief what I have learned in forty years of some of the duties, sorrows, and

joys of medical practice. A volume might be written on each of these heads.

Let me stop to advise you so soon as you get your diplomas to get also the Code of Ethics of the American Medical Association and carefully study it. It will tell you how to behave towards your medical brethren. I find there is more need of the "Code" now than there was forty years ago. We have always claimed to be governed by the highest Ethical Code of

any profession known to the world.

When called to a patient, study your subject well. Note carefully everything that bears upon the case. The patient must be examined from head to foot till you find what is the trouble. The French are right—first is diagnosis. They do nothing till this is settled. Better to write no prescription than to write the wrong one. Don't be in a hurry to generalize. This requires long observation. Too many men write books and mislead others sadly in this way. "Post hoch" is not "propter Don't forget this. Don't think you are a pattern of all vour patients. Don't be conceited. Sensible patients don't like conceited doctors. Don't undervalue your brother's observations when they don't accord with your own. Read the journals and other books as well as read your patient. If you can't give a sensible or plausible reason for your opinion of a case regard it (the opinion) as of doubtful value. Don't forget you can both cure and kill. Never desert a case you undertake so long as your advice is followed, whether the progress be satisfactory to you or not. Don't forget that some diseases are necessarily chronic. Don't hesitate to get help by consultation if you are in a dilemma. It is plainly your duty. Don't get discouraged if your patients die. All doctors lose patients. Those who never lose them have none to lose. Patients will die—unexpectedly, too—I care not who may attend them.

Never get frightened and lose your head. The cooler you are the wiser and safer you are. A highly nervous man is not fit for a doctor, nor a lazy man, nor a heartless man. Not to be bold and quick in emergencies is sometimes death to your patient. I have seen old doctors who were babies in this regard.

Be always and everywhere a gentleman. Be honest and truthful, but don't tell a patient he has "cancer or consumption." To tell a man he has cancer or consumption is to make him doubly miserable, and also to shorten his life. Tell him he has a "tumor" or his lungs are "weak," and that he has "bronchitis," both of which are true, and he will be satisfied. It is plainly your duty to make your patient as comfortable and as happy as you can. God conceals the day of our death from us

in mercy. So should the doctor; but you should be certain to inform the patient's friends in full time of the real nature of the case.

When you are wrongfully discharged by a family don't show resentment. It might be agreeable to some people to see you were wounded, but this is not the proper reason. You would sacrifice your self-respect and dignity by it. Hate no man on account of his ignorance or weakness. Patients have a legal right to discharge a doctor whenever they think proper, but they have no more moral right to do so than to turn their backs

on and dishonor an old friend without just cause.

I advise you to love all your patients from the start. It will make your work easier and more pleasant. Besides it is your duty to trust, though you may be deceived. One of the infirmities of our nature is to love change. People change butchers, grocers, druggists, and doctors without sense or reason. Beware of those new patients who love you so much at first that they could almost eat you up. They will tire of you very soon. I never saw an exception. It shows a weak head and heart. It is a great deal easier to give satisfaction to sensible people, people who do not expect too much and who have some idea of the difficulties surrounding the practice of medicine, than ignorant people who suppose you must know everything. No man in any profession has more use for brains than the young doctor. He must use his reason, his best judgment, in every case. He has no experience. He has no right to guess.

THE DOCTOR'S SORROWS.

To spend half of one's life with the sick and dying would seem a sad fate—to have a dozen people looking anxiously to you for health when you know 'tis not in your power to give it. If all of our patients were of this class, sad indeed would be the life of a doctor. A large majority of our patients recover, and the gratitude they show is some offset for the death scenes we are compelled often to witness. If we practice medicine a long time, however, we must outlive most of our best friends. Those who gave us their confidence in early life and maintained it to the end are, indeed, jewels. We would almost give our life for them. They are more than patients; they are dear personal friends whom we tenderly love and whom we know through and through. Their homes were our homes.

No obligations can bind some men, even though they extend back two generations. You may attend fathers and mothers, grandfathers and grandmothers, for nothing, but the sons and

grandsons will prefer other medical men to you.

Don't join societies to get practice. It is not legitimate, in my opinion. Societies are not organized for that purpose. Certainly don't join the church for any such object. This would be selling yourself to the devil for small price, especially if you are a Methodist.

Our profession takes the highest ground on the subject of seeking business. Be sure not to make too many visits. Be strictly conscientious in this matter. But a few words on a more pleasant subject.

SOME OF THE PLEASURES OF A DOCTOR'S LIFE.

To be able every day you live to give relief from pain, to quiet anxious fears of mothers and daughters, to carry with you into dark homes light and cheerfulness, is very delightful. Let me say in parenthesis, a doctor should cultivate a cheerful spirit himself. No man but a doctor can lie down every night of his active life with the pleasant consciousness that he has been a blessing to his fellow-man. It is truly his business to "go about doing good." With all the desertions referred to, in the end you will probably have more true friends, especially among the best half of humanity, the ladies, than most other men.

The largest fee I ever got was from an Irish girl eight years old, whose sister, sixteen years old, was lying ill with pneumonia. It has been years ago. She was the daughter of a poor widow in the suburbs. There were two smaller children in the family. It was by the labor of this sixteen-year-old daughter that the family got bread, and I saw her value to the household. I told the mother my fears, which, it seems, the eight-year-old child overheard, and dreadful alarm filled her breast. She waited on the sick sister with the greatest tenderness, and the smaller children were kept quiet and orderly. I promised the mother that I would call again late at night. It was dark and rainy. Fears and forebodings increased with the surrounding gloom. The eight-year-old girl could not stay in the house, and in spite of the cold remained out-doors watching for my When in the distance she heard the sound of horse's feet her heart swelled with fear and hope, but when, peering through the darkness, she caught sight of me, she exclaimed, with an emphasis and heartfelt earnestness that thrilled me through and through, and which I shall never forget, "Thank God, here comes the doctor"—a prayer of thanksgiving that went as straight to Heaven as that of sainted prophet or priest, and I felt that even my name had been mentioned and honored in the courts of Heaven. It may be, too, the prayer of that

little orphan girl has terned aside the dart of death uplifted against some dear one of my own household!

I hope, my dear young friends, you will never see the day that you will not have some poor patients. A church without poor members and a doctor without poor patients will never be recognized in Heaven. If you will keep your eyes wide open and observe closely, it may be the happy lot of some of you to witness phenomena of disease that will not only immortalize your name, but, what is far better, confer untold blessings upon mankind. As you know, the field of observation is boundless and the need of increased knowledge is pressing. We know but little. Let us strive to know more. Don't be too much a slave to other men's opinions. I sincerely hope the success and career of this class may be more brilliant than any of its predecessors. If you will in early life take the "Great Physician" as your pattern you will live well and die well.

GLUTEN AS A FOOD.

By C. P. PENGRA, M. D.,

Professor of Materia Medica and Botany, Massachusetts College of Pharmacy.

How little we realize the importance of the foods of our day! Count them and we find that we really have but one kind. Man lives on the vegetable kingdom. True enough, we eat, digest, and assimilate beef, pork, mutton, eggs, and a number more animal structures. But are they anything more than modified forms of vegetable life? Could any of them exist without the latter? The word "structures" has been used simply because it expresses the fundamental idea that the animal, man, dependent and living upon the vegetable, is nothing more than a rearrangement of the products of vegetable life. Yes, he modifies them, but he receives, and is glad to accept, and can also live upon, the direct products of the plants.

Therefore our inventory of our stock of foods brings us to the products of the soil alone, and we find that our actual supply of food is very limited. In fact, the problem of economic and scientific ages has been and is, "Where is the future food to come from?" Already it has been estimated that a natural soil will inevitably become exhausted in 250 years. Need we follow this line of thought further to lead us to the fact that if the soil supplies all our wants, it probably produces our necessities? If it produces the necessities of our physiological life, does it not likewise provide for our pathological conditions? Admitting this, does it not follow that different products have different purposes, and that in special modifications of the animal system special products of the vegetable are in demand?

Accordingly, it seems reasonable to presume that, for its purpose, the purer the product of the soil the more applicable, useful, and direct must be its action. These points have been advanced not only to call attention to the inestimable value of every true food in nature, but also to the idea that as there must be a purpose and place in the animal economy for each and every food, so also must there be demands for the individual constituents of these foods.

The leading physiologists and physicians of to-day are clamoring, not for medicines or new chemical combinations, but for nature, dietetics, and proper food. Knowing, as we do, the importance of this subject, we welcome any addition to our bill of fare that brings evidence of its characteristics and value.

For centuries it has been known that man could live happily upon cereals alone, and it required but little thought to suspect that these very cereals, grain or flour, contained something that substituted the flesh diet of others.

In course of time chemistry developed technically what theory and reason had long supposed, that man obtained from cereals more or less of two kinds of food—a non-nitrogenous (also called starchy, or carbohydrate) and a nitrogenous (meaty, or albuminous).

Later—in fact only about forty years ago—we were told that one of the greatest constituents of our vegetable food was gluten. Analysis showed that nature's store of this substance represented from 12 to even 20 per cent. of wheat, 12.6 of oats, 7 of barley, 6 of rice—in fact, that gluten, or some similar nitrogen equivalent, as legumin, vegetable fibrin, etc., is liberally distributed throughout our vegetable diet.

The physiologists promptly applied this discovery, and we were soon made aware that gluten was one of nature's best means of supplying to man the very elements and effects that he sought for and received from the albuminoids or meats.

They tell us that it is the vegetable food that furnishes stimulation as well as heat, force, and energy to the system. Furthermore, as deductions from these principles, they prove to us that this gluten, the nitrogenous food of the vegetable world, must inevitably be one of the greatest of foods that are the fuel

for all motion, as also chemical action in animal bodies. It is unnecessary to specify proofs of the necessity of nitrogenous food.

The fact that every contraction of a muscle, beat of heart, expansion of lung, secretion and function of digestive fluids, conductivity of nerves, the processes of inflammation—yes, the very vitality of every part of our living bodies—all require and use nitrogen: these are sufficient proofs of the value and need of the best and purest combination of this food element that nature can produce.

As stated above, these properties and values have been greatly accredited to gluten for many years. "The gluten of wheat," "the gluten of oats," "of corn," etc., have become familiar expressions. Likewise the uses of gluten have been specified and its successful applications as a food have long since been pointed out.

No argument that we have seen has failed to direct attention to the fact that its greatest value for its purposes—"food for infants," "diabetics," "nervous debility," and the like—has "depended on its freedom from starch," the point being that in this condition it offered one of nature's simplest and purest forms of nitrogenous food. But what have been the facts?

One of the leading chemists (Ritthausen) has written: "Gluten is composed of —, —, —, —, and 12 to 16 per cent. of starch," certainly a strange chemical statement, but it nevertheless is an illustration of the explanation of the unsatisfactory results of many "glutens" of the market.

Naturally, the greatest expectation has been in the treatment of diabetics, but even these unfortunates have had to labor under a disadvantage, for recent analyses have shown that there was not a "diabetic food" in the market that did not contain above 30 per cent. of starch—in fact, so much of it that Dr. Harrington (chemist, Harvard) suggests that ordinary biscuits would be quite as good for this purpose.

Considering these claims for its value and usefulness, we have reason to be thankful that so pure and simple a gluten as *Poluboskos* has been placed upon the market.

We recognize Poluboskos as simply what it is claimed to be—

"a pure gluten."

No better proof of its purity could be given than the analysis by Dr. Davenport, which shows that only four-tenths of one per cent. of it is starch.

A chemist's word gives us a technical story, and also a basis from which we may work out physiological actions and facts.

The lines of use and application of gluten as a food have long been well established, and the following observations and

experiences are corroborative of them. In other words, gluten, Poluboskos, is one of the few instances where practice is the

greatest proof of theory.

We have all learned that the composition of our first food, the mother's milk, is largely nitrogenous matter; that the egg from which the young chick is developed contains abundance of this material, but merely a trace of carbohydrates; in fact, the laws of nature provide the beginnings of life with foods that produce muscle and strength rather than fat.

It is well known that prior to the third month of life the saliva does not contain ptyaline, the very essential agent that

in later life starts the digestion of starchy foods.

Considering these two great evidences, do we need more proof to convince us that if infants needed a starchy diet it would not have been so decidedly opposed by nature? No; the too frequent blunder of "kind friends," in stuffing starchy concoctions down the helpless infant's throat has been sufficiently discovered and abolished by the physicians of our day, and most of them are prepared to interdict all carbohydrate foods, or at least see to it that these constituents be so modified as to correspond to the small amount of lactine that is found in the mother's milk.

These are among the leading reasons that have induced the theory that infants in need should be supplied with a nitrogenous rather than a starchy or even mixed diet. These are facts that have led physicians and mothers to long for something to supply the frequent deficiency of nature.

That nature could relieve this want has been believed, and

experience is abundant to prove this to be true.

Such is theory.

But what is practice?

The writer's observation and experience with the Crystal Springs pure gluten food, "Poluboskos," has certainly conformed to the foregoing and all accepted theories on the subject of nitrogenous foods. He has seen infants, weak and apparently exhausted from lack of food, stimulated and almost revivified by its use. Where other foods have been rejected by the stomach, this (although dissolved in the same kind of milk that has previously been rejected) is easily retained.

No word of objection or criticism has come to him, and his experience thus far, and that of other physicians and friends, leads to the belief that in this product we have the nearest approach to a natural food for the waning energies of infants and

their many ailments of digestion.

Again, older patients continually report its value and relief in cases of weak stomach, dyspepsia, anorexia, etc. Here again theory is sustained, for, regardless of its renovating and tonic effects, it is exceedingly easy of digestion. Observation has shown that this very ease of digestion has been the cause of its retention where other foods have been vomited. Of the many people that we have heard say, "Oh, I can't take milk; I either throw it up or it makes me bilious," I have not known an exception to the report that they are surprised that they can take so much milk with it and feel so well afterwards.

Certainly this is good proof of the well-established theory that "the gluten of vegetables is one of the most rapidly digestible of our foods," and makes its use in stomach disorders correspond in reason to the results of experience.

The use of nitrogenous diet for diabetes is so familiar that its desirability does not even require a physician's recommendation. It is well known. The people know it, while the sufferers from this disease very early become accustomed to directing their own diet.

What has this been? Almost anything in the market. Even they have almost invariably applied for "gluten, gluten!" But what have they obtained. Many of them, in their ambitious determination, having failed to procure their necessary food in this country, have resorted to importation for many years. And with what result? The best and purest obtainable contained from 12 to 30 per cent. of starch. Therefore it is not strange that these people and their advisers have been glad, as the writer knows, to find that their own country and kind are capable of supplying their demands with a purer gluten than they had ever before known.

The writer realizes the frankness of these strong claims, but he also knows that he is dealing with a natural food that makes no claim of secrecy, and is as free to the reader in all its claims as is the beefsteak of the market; yet, while approving its claims, he would go further, and say that, besides its usefulness in infant digestion and diabetic disorders, one of its greatest futures will be found in the treatment of nervous diseases.

The theory for this use is very evident. If a food can furnish energy and stimulate force production in the system, how can it do it but by toning up and strengthening the nerves themselves? What, then, must pure gluten be, if it is not one of nature's best nerve tonics?

To prove this, the writer has used Poluboskos in migraine, insomnia (due to nervous debility), in incontinence, and espe-

cially in spermatorrhoea, with results that give evidence that it is a nerve food, and that this nitrogenous, vegetable product has a place in the human economy that is not afforded to anything else within our knowledge.

It is not necessary to enter into a comparison of the various foods of the market, because we know of no other preparation, product, or compound that offers us 91 per cent. of nitrogenous

food equivalent.

There seems to be every reason to believe that in Poluboskos we are possessed of one of nature's greatest secrets, and that its future place among the desirable foods of the table will be only another practical proof of its necessity in the feeding of diseased vitality.

Notes of Hospital Practice.

[Reported by Correspondents Especially Engaged for this Department.]

NEW YORK.

Causes of Idiocy and Epilepsy.—Dr. A. Jacobi, Professor of Diseases of Children at the College of Physicians and Surgeons, regards accidents at birth as a frequent cause of epilepsy and idiocy. Hemorrhages, especially intra-cranial, take place very readily in the newly-born, and are often brought about by temporary asphyxia, the infant having breathed and become strangulated before escaping from the parturient tract. Again, such hemorrhages are often caused by the use of forceps in unskilled hands. Whenever asphyxia has taken place it is the physician's duty to give his first attention to the child, leaving the mother to the nurse.

Cephalæmatoma.—An accident which sometimes happens in infants is extravasation of blood over the bones of the cranium which may or may not communicate with intra-cranial extravasation. Dr. Jacobi says there is a great temptation to treat such tumors by cutting into them or by making pressure, an error not infrequently committed by those practicing in small places where they see few such cases. Almost without exception the case should be let alone, and in the course of time the blood would be absorbed. Incision would result in suppuration or fresh hemorrhage.

The Treatment of Chorea.—Dr. Graeme M. Hammond, Professor of Diseases of the Nervous System in the Post-Graduate Medical School, recited his method of treating chorea, which coincides with that of most neurologists in this city. If the case is a mild one he allows the child out-door exercise but restrains excitement, and gives Fowler's Solution, three or four drops in water after meals three times a day, gradually increasing the amount until the patient complains of the stomach or swells under the eyes, then going back to the original dose and gradually increasing again. At the same time he gives cod liver oil and fatty foods. In severe cases the same treatment is pursued, but the child is confined to bed and all excitement prevented. Strabismus, phimosis and sexual abuse might aggravate the chorea, and should receive attention, but he did not regard them as causative. Prof. Landon Carter Gray, of the Polyclinic, always prescribes dialysed iron in connection with the arsenic, saying it has a curative effect on the chorea while counteracting the injurious or poisonous effect of the arsenic.

Boro-Glyceride in Gynecology.—Perhaps no innocent adjuvant in gynecology has come to be more universally employed in this city than the boro-glyceride vaginal pleget. I believe Prof. W. Gill Wylie, of the Polyclinic, was first to bring it into general notice, and he now introduces the pleget in nearly all gynecological cases while preparing the patient for whatever further treatment may be necessary. It has a cleansing, softening and, so to say, a calming effect, and frequently with the aid of the vaginal douche so far relieves symptoms in simpler cases that the patient rejects further and more radical treatment.

Vaccine Lymph Injections for Consumption.—Since Koch's lymph has come into such notoriety everybody has gone to experimenting with poisons introduced subcutaneously for the cure of disease, especially pulmonary tuberculosis. Dr. J. Hilgard Tyndale, who has a large class at the German dispensary, recently presented nine patients before the county medical association on whom he had made injections of vaccine lymph, two drops dissolved in fifteen drops of distilled water and one of glycerine. All were suffering from pulmonary tuberculosis in the first stage, some, however, being well run down, even having cavities and some hæmoptysis. The sputa contained the tubercle bacillus. The injections were made about once or twice a week subcutaneously. As a rule there was little reaction. In brief, all these patients were markedly improved

both as to physical signs, subjective symptoms, and general health. The first ones had received treatment about five months ago. He had practiced the method in twenty-three cases all told, and all had improved or presented apparent cure. All present had to express their astonishment at these results, and hoped they might be substantiated by further experience. It may be said that one hears a great deal of skepticism expressed now-a-days regarding the value of Koch's lymph.

Vital Food Necessary to Health.—In view of the great fear of bacterial infection which seems generally to prevail in cities, it may be well to refer to the views of Dr. E. F. Brush, who has made the subject of the dairy a special study, to the effect that all animals and human beings must have some vital food if they would maintain health. Milk in its natural state he calls a vital food, but when boiled it is destroyed of its vitality. While it might be desirable to boil milk for adults who got vital food in the form of vegetables, etc., yet the infant which received milk alone could not thrive if the milk were boiled. It should be taken from a healthy cow, and administered in its natural state before decomposition had set in. The dairy cow should be spayed.

PHILADELPHIA.

A Warning about the Forceps.—In a recent clinical lecture, Dr. Goodell said to his class: "Let me warn you, as young men, to resist the temptation of keeping the forceps on too long, in your undue haste or excitement to deliver the woman. Make it your rule always to take them off when the head is well down and the perinæum begins to bulge, unless the pains have stopped, or the woman is in puerperal convulsions, or she is in any condition demanding prompt delivery. By observing this precept you will at least avoid the accusation that 'the doctor tore her with his instruments;' for indeed it is too true that the physician, in his haste to deliver, does often tear his patient either by a too hasty delivery or by pulling parallel with the long axis of the woman's body, instead of following the curve of the Carus."

Rules for Personal Disinfection of the Accoucheur.—At the University of Pennsylvania every student who attends a case of labor in the Maternity Pavillion is required to roll up coat and shirt sleeves, scrub arms, wrists and hands with nail brush, soap and warm water.

Put on disinfected gown, tying sleeves below coat sleeve.

Pare and clean finger nails. Rinse hands and wrists in alcohol.

Immerse hands and wrists in a 1-to-1000 bichloride of mercury solution for at least one minute.

The hands are not to be dried on a towel, but may be wiped

on front of gown.

After labor a record is made of the infant's condition and of the appearance presented by the fœtal appendages. During convalescence notes are taken on the progress of mother and infant.

CHICAGO.

The Value of Iodoform Gauze After Herniotomy.—Dr. Charles T. Parkes, of Chicago, operated for an inguinal hernia that had been incarcerated seventy-two hours. Upon opening the sac the intestines were found to be black, with here and there small whitish spots of lymph. The peritoneal covering of the intestine, however, still had its shining appearance, and the intestines were returned into the peritoneal cavity after enlarging the ring by means of a probe-pointed knife, guided by the finger. The sac was so nearly necrotic that it was peeled out without effort or bleeding. It was cut off a little outside of the ring, and the ring and canal were packed with iodoform gauze, and iodoform gauze and borated cotton dressing were The patient's temperature fell from 103° to 99.5° during the next twenty-four hours, and much flatus was passed. On the second day there were three free evacuations of the The patient continued to progress, and the wound remained aseptic, although there was some serous discharge from the necrotic surfaces. On the tenth day the patient had some pain, which subsided after taking some hot brandy. On the twelfth day the discharge from the wound, which had been kept open by the iodoform gauze, had a slightly fecal odor. For one week there was some fecal discharge; but the wound again became clean, the amount of packing was decreased, and nine weeks after the operation the wound was entirely healed. The canal is now filled with a solid mass of connective tissue, and the patient's bowels act normally. The patient's life was undoubtedly saved by the use of the iodoform packing, which permitted the discharge from the break in the intestine to come out, and so preventing the occurrence of perforation peritonitis by keeping the external wound wide open. The wound in the intestine healed rapidly, preventing the annoyance of a fecal fistula.

Skin-Grafting After Operation for Epithelioma.—Mrs. C., housewife, forty-six years old. For eleven years the lady was treated in vain for lupus of the face. As a result of the irritation, there was at the time of this operation a distinctly marked epithelioma implicating an oval surface four by six inches, including one-fifth of the ear and extending in front above the ear over the side of the face and scalp. Dr. Parkes removed the skin and fascia one-third of an inch beyond all parts of the disease, including the diseased parts of the ear. After ligating the large vessels, the entire surface and the margins were thoroughly cauterized with the Paquelin cautery. An iodoform gauze and borated cotton dressing was applied and allowed to remain for a week; then a wet two per cent. carbolic acid dressing was applied and renewed every third day to stimulate the exfoliation of the eschar. After three weeks the entire surface was covered with fine, healthy granulations. These were curetted away and the surface covered with long shavings of skin, after Thiersch's method; these were covered with strips of Lister protective silk, borated cotton, wet with 6 to 1,000 solution of table salt; over this a piece of gutta percha tissue was placed, and over all a large piece of cotton and a roller bandage. This dressing was changed every second day for ten days. The wound on the ear was freshened and united with the part attached to the side of the head, causing it to look quite natural and only a little smaller than the one on the other side. After two weeks the entire surface was smoothly healed, and by wearing a wig, the apparent deformity was very slight. In quite a number of cases where Dr. Parkes has grafted skin, after Thiersch's method, on defects caused by the removal of tumors, the results have been very satisfactory.

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month.]

Plugging the Uterus in Severe Cases of Post-Partum Hemorrhage, with Notes of a Successful Case.—Dr. Lewers offered a paper on this subject before the Obstetrical Society of London. He referred to Dr. Auvard's monograph on "Tamponnement Intra-Utèrine," and reviewed the history of this

treatment. Out of 17 cases 3 died, from eclampsia, tubercu-

losis, and septicamia respectively.

Case.—Mrs. M., twenty-five years of age, miscarried at the fourth month of gestation. It was supposed that a piece of placenta was left behind, but she was so nervous that a proper examination could not be made. The next day she had a rigor and there was an offensive discharge. Thirty-six hours after the miscarriage an anesthetic was given and a putrid mass removed from the uterus, to the upper part of which it was at-The curette was then used, when sudden and alarming hemorrhage took place. Hot-water irrigation was employed with some iodine in it. This failed, and the uterine cavity was plugged with dry carbolic gauze, carried up to the fundus with the ovum forceps, and packed by the curette. Both uterus and vagina were tightly packed, and a T-bandage was firmly applied. The bleeding was thus arrested. The gauze was left in for twenty-one hours, and on its removal the uterine cavity was washed out with iodine water, and antiseptic vaginal douches were used for some days longer. The hemorrhage did not recur, and the patient made a good recovery.

In addition to a vulsella to hold the uterus during plugging, and the forceps and curette already mentioned, a Smith's modification of Sims' speculum was useful. If about to plug the uterus and vagina in post-partum hemorrhage at the full term of gestation, an ample supply, say forty-six yards, of dry carbolic gauze should be provided. It was stouter than iodoform gauze, and so less was required. He (Dr. Lewers) thought that plugging the uterus and vagina was an effectual treatment for

many cases that would otherwise prove fatal.

Dr. Priestley thought that the older obstetricians would look with horror upon the method of treating post-partum hemorrhage by plugging. He thought there were radical objections to it as a general method of treatment. The case given was not a case in point, as the patient was only four months pregnant, the uterus but little developed, and plugging even of the vagina might have been quite a legitimate method, because there was no large and expansible uterine cavity above it for the accumulation of blood. To plug the uterine cavity at full term would be no easy matter, and would require a large amount of material. Moreover, it thwarted the physiological process of preventing hemorrhage after delivery, namely, by the muscular fibres of the uterus which constricted the open mouths of the vessels at the placental site. Any tampon, large or small, would prevent this mechanism coming into play; and even if it stopped hemorrhage for a time, its removal might be followed by further loss. He hoped the method of treatment would not receive the

sanction of the Obstetrical Society.

Dr. Playfair said he had no practical experience of this method of dealing with post-partum hemorrhage. It was an old-established axiom in midwifery practice that the plug was never applicable so long as there was any possibility of the uterus dilating behind it. A newly-emptied uterus might very well contain a fatal amount of hemorrhage if only its lower segments were filled with the plug, and much care would be required to prevent the possibility of this occurrence. In Dr. Lewers' case, and also in cases of secondary post-partum hemorrhage, plugging might be useful. He should consider it no easy matter to pack a large, flaccid uterus immediately after delivery. He thought it would be intolerable for accoucheurs to carry forty-six yards of gauze about, the equivalent of two and a half ball dresses. Hemorrhage due to lacerations of the cervix and vagina, described by Gooch as "hemorrhage with a contracted uterus," might be properly treated by plugging.

Dr. Champneys referred to Dr. Dührssen's paper in Volkmann's Sammlung Klinischer Vorträge. This gave a report of sixty cases so treated, and he thought a careful perusal would show that plugging was better treatment, as a last resort, than injection of perchloride of iron. If plugged properly from the fundus downward, the uterus did not expand above the plug, which, on the contrary, acted as an irritant and caused good contraction and retraction. The vagina was also tightly plugged. Of sixty-five cases of severe post-partum hemorrhage thus treated, six died, one only of sepsis. Any clean linen could be sterilized by boiling for five minutes in a saucepan with the lid on, to produce a uniform temperature of 212° F., or 100° C. The quantity of material required is less than would be supposed. Dr. Dührssen stated, in 1889, that the injection of perchloride of iron was regarded in England as a practice as important as vaccination. It was at least twenty years out of date, if it ever

was true.

Dr. Leith Napier asked as to the rationale of plugging the post-partum uterus. The practice was justifiable in the post-abortum uterus, which was a very different matter. He asked if normal retraction occurred with a plug and artificial clot inside the uterus. Except in those rare cases in which there was absolutely no attempt at contraction, described as uterine paralysis at the placental site, he failed to see the necessity for, or advisability of, the procedure. The idea was not new, but had never met with more than very limited adoption.

Dr. Lewers, who was not present when the paper was read and discussed, wished to explain that it is only in those desperate cases of post-partum hemorrhage for which the intra-uterine injection of perchloride of iron has hitherto been recommended, that he would advise plugging of the uterine cavity. He regards it only as a last resource when all the usual means fail to stop the bleeding. German and French statistics seem to show that plugging in such cases is much less dangerous than the intra-uterine injection of perchloride of iron, and at least equally efficacious.

Lettuce as a Carrier of Disease.—The Maryland Medical Journal has it from the authority of a farm-hand who "has been there" that the market gardeners about Baltimore [and other cities we doubt not], in their eagerness to be first in the market, dilute the human feces from the cess-pool with water, and by the aid of a watering-pot sprinkle it daily upon their lettuces and cabbages. The plants, grown large, and more or less saturated with fecal matters, are then served as an appetizing luxury upon our tables, having first undergone such a cleansing as the cook thinks necessary. This cleansing for the most part consists in a hasty washing of the plants with cold In view of the fact that lettuce is eaten raw, and of the assertion made by scientific men that poisonous matters are taken by such herbs directly and unchanged into their tissues from the soil about them, it would be well for those who are interested in the public health to consider the methods by which the marketman fertilizes his garden and forces his early vegetables.

A Simple and Safe Female Catheter.—Dr. Malcolm Mc-Lean exhibited before the New York Obstetrical Society a catheter which he had tried sufficiently often to satisfy himself that it was the best he had ever used. Its recommendations are simplicity, cheapness, readiness, and perfect cleanliness. It consists essentially of a glass tube, two and a half inches long, with the ordinary urethral curve, open at the vesical end, and having a simple rubber drainage tube attached to its distal extremity. Some antiseptic fluid is drawn up into the tube, and may be kept in it for any length of time by slipping the other end of the rubber tube over the vesical end of the catheter. The catheter is thus kept aseptic and ready for use by keeping it filled in this way with a bichloride solution or a five-per-cent. solution of carbolic acid. The instrument is of such a length as to hardly enter the bladder. It was the teaching in

more than one school in New York city that if the catheter failed to evacuate the urine when introduced to the ordinary depth, it should be pushed still further into the bladder; but the position of the bladder is such that it will empty itself from the remotest corner if the opening into it from the urethra is properly dilated with an instrument, and this is all that should be allowable.

What is the Proper Method of Applying the Obstetric Forceps?—Dr. Henry D. Fry, of Washington, urges, as the only rational method, the application of the forceps to the sides of the head of the child without reference to its position in the pelvis. He refers to a former paper, in which it was stated that 51 per cent. of prominent obstetricians followed this rule, while 35 per cent. applied the blades in the transverse diameter of the mother's pelvis, without reference to the position of the head, and 11 per cent. observed no rule, and followed either He admits that, had the great body of the profession been consulted, the majority would be found to apply the forceps according to the German method, and also that in some cases it may be and is impossible to do otherwise. Certainly the difficulties of application are increased when the first method is chosen, and it would be better for a beginner to resort to the second until some facility is acquired. In France it is the practice to apply the forceps to the sides of the head even when transverse at the brim, and the ideal method of extraction is to apply the instruments in such a manner that during traction the fetal head is free to execute all the movements that would occur were the labor normal. To accomplish this it is necessary—(1) To grasp the sides of the head with the blades; (2) To make traction in the axis of the pelvic canal; (3) To secure mobility of the head during its passage by the use of the Tarnier forceps. The Hodge style of forceps should not be used when their application is made without reference to the child's head, and the Simpson style (Elliot's) should not be used when their application is to be made to the sides of the head. Dr. Fry's conclusions are: (1) Anesthetize the patient and place her in proper position—buttocks well over the edge of the bed, and each limb supported by an assistant. certain the position of the head, introducing within the vagina two or three fingers, or, if necessary, the whole hand. (3) Apply the blades of a Hodge type of forceps to the sides of the head, with the concave edge directed toward the occiput. If, or any reason, this cannot be accomplished, withdraw the intrument, and substitute a Simpson (or Elliot), passing the

blades to the sides of the pelvis. While making traction with this method, watch for anterior rotation of the occiput, and encourage it in some cases by reapplying the blades to better advantage. (4) Make every effort to secure antiseptic conditions during the operation. The fingers, hands, and forearms of the operator, the external genitalia and vagina of the patient, the instruments, and the hands of the assistants should be clean and aseptic.—American Journal of Obstetrics.

Placenta Prævia—Treatment by Ergotole.—In a case of placenta prævia with terrific flooding, when the fluid extract of ergot could not be retained by the stomach, "Ergotole"-a most concentrated and efficient preparation of ergot, manufactured by Sharp & Dohme, of Baltimore, Md.—was used with the greatest satisfaction, and I am particularly pleased with it. I administered ten minims hypodermically, and it acted magically. I think that the profession should be made acquainted with its valuable properties, as I consider it the duty of every physician to do all in his power to make known a remedy which he has seen save human lives, as the "Ergotole" certainly did in this frightful case of flooding. I have used it in other cases when the fluid extract could not be retained by the stomach, and I regard it a most valuable addition to the science of therapeutics. I think no physician should be without "Ergotole." It is the most satisfactory preparation that I have ever used in a practice of more than forty-two years.

WM. E. WYSHAM, M. D. Catonsville, Baltimore Co., Md.

Cactina Pillets.—Dr. W. S. Hoy, of Wellston, Ohio, Medical Examiner and Surgeon for the B. & O. S. W. R. R., says: "I am not in the habit of giving testimonials, yet, unsolicited, I desire to say to the medical profession that in all forms of heart complications Cactina Pillets (Sultan) will not disappoint them. It is to the heart what quinine is to malaria. My extensive use of the drug as prepared by the Sultan Drug Company fully warrants me in saying that it has no equal in the treatment of tobacco heart, angina pectoris, intermittent pulse, cardiac palpitation, anæmia, dropsy resulting from heart-disease, heart failure, cerebral neuralgia, and as a certain heart nutrient and strengthener. It will not disagree with the stomach, and is entirely devoid of accumulative action."

A Case of Trismus Neonatorum Treated with Sulfonal.— Dr. Julius Berenyi reports the case of a child eight days old, who developed tetanus on the fifth day after birth. On examination he found the internal organs normal, the pulse 148, respirations 50, and quiet. The paroxysms were initiated by crying fits and great restlessness; the skin assumed a bluish color, and around the root of the nose the integument was thrown into thick folds; the nostrils became distended, the buccinators were rigid, the mouth was slightly opened, but would not admit the tip of the little finger; the abdominal wall was hard and tense, the upper extremities crossed in a flexed position over the chest; the thumbs were spasmodically flexed inward, the vertebral column was perfectly rigid. From 9 o'clock in the morning to 2 o'clock in the afternoon the little patient had five attacks, of which the fourth lasted an hour. Berenyi administered twenty centrigrammes of Sulfonal in an enema, and also gave the drug by the mouth. After the fifth attack, which was less intense than the others, the child began to take the breast. On the same day three attacks of diminished severity occurred. On the following day the paroxysms became less frequent and intense, and on the sixth day of treatment had disappeared completely. Altogether ten grammes of Sulfonal were employed, without the occurrence of somnolence or disagreeable after-effects.—Pester Mediz-Chirurg, Presse, No. 7, 1891. Therapeut. Monatsh, March, 1891.

We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This firm was established fortyfive years ago, and enjoys a wide-spread reputation as a sound, honest, reliable business-house. We do not hesitate to endorse their preparations as being all they claim for them.

Among some new and convenient medicaments Parke, Davis & Co. announce Mosquera's Beef Peptone, Malt Extract with Peptone and Urethral Bougies of Aristol. The Peptone is free from the bitterness of Pepsin Peptones, possessing an agreeable, sweet taste. Such addition to eligible methods of nutrition are welcome. Malt Extract with Peptone is an easily assimilable and highly nutritious combination. Aristol, regarded by many as efficient as Iodoform as an antiseptic, possesses the advantage of entire freedom from odor; these Bougies should find a wide application in the antiseptic treatment of the Urethra.





Vol. V.

APRIL, 1891.

No. 4

Editor-J. F. WINN, M. D-Proprietor.

ALL ARTICLES must be short and practical, and, when possible, authors are requested not to exceed 1000 words.

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Dr. J. F. WINN, Richmond, Va.

The Work of the Medical Examining Board of Virginia.

At the late meeting of the Medical Examining Board of Virginia, held in this city April 23-25, there were seventy-seven candidates, and out of this number forty-seven were granted certificates to practice medicine in this State, two of this number being colored. This was the largest class that has come before the board at any one time, and the labor put upon the examiners was very heavy. In this connection it should be remembered that the members of this board are, indeed, selfsacrificing citizens, for not only do they lose from three to four days from their daily work at home, but they defray their own expenses while attending the board's sessions.

The work incident upon reading the papers of seventy-seven applicants is likewise no easy task; and since many of these compositions require several readings, in order to find out just what the writer does mean, the fact is self-evident that a position on the board is one that is not likely to be sought after.

Is there no way by which this heavy work can be reduced

and at the same time maintain the present standard of the board? Would it work any injury to the applicant if fewer questions were propounded? Or, would it be as fair for one applicant as another were the examination partly oral and partly written?

These are matters which it will be well for the board to think about; and they are thrown out for the consideration of the committee which has been appointed to report at the September meeting at Lynchburg. Evidently some change on the line suggested will have to be inaugurated if good men are to be kept on the board. We have already heard of the resignation of some of our best examiners, who feel that they have served in this arduous capacity long enough.

It may be that some good suggestions will flow from the conference of medical examining boards at Washington during the session of the A. M. Association. At any rate, we feel confident that the committee referred to above will be able to report a plan to the satisfaction of all concerned.

The Kernel of a Rational Therapy of Phthisis

Is an abundant supply of fresh air to the lungs. This is the central idea of an editorial in the Dietetic Gazette, so ably conducted by its new editor, Dr. Simon Baruch. He contends for a simplification of therapeutic procedures in this disease, and, indeed, in all diseases. That physician will have the best results in the treatment of all diseases who recognizes that simplicity is the chief element of successful therapeusis. Instead of the old "shot-gun" prescription or the "favorite combination," climatic influences are to-day regarded as the most effective weapon in the treatment of tuberculosis, especially of the lungs. And the chief reason given for this therapeutic pre-eminence of climate is that the patient is enabled to live in the open air, without detriment to his general or local condition. It is not this or that particular altitude, which is most conducive to recovery, but the condition which affords to the patient the best opportunity for an out-door life, in air that is free from

dust and other deleterious matters; these are the true curative factors.

This idea has been most successfully, because most intelligently, carried into practical execution at Falkenstein, where Dr. Dettweiler looks with disfavor upon medicinal remedies. and pins his faith chiefly to the curative influence of pure air. to which he exposes his patients, without regard to the rigorous climate in winter even, at all seasons. The discipline of this institution is rigid and almost military in exacting obedience. Patients are to be up by 8 o'clock, are required to walk in open air at stated intervals, and to recline in the open air while resting. Dettweiler is most autocratic among his patients, and teaches them to cough only three times a day. Hence each cough is followed by expectoration, and he never allows them to cough uselessly. Three times a day each patient takes his own mouth temperature, and notes it upon the chart. At 10 P. M. each one returns to his bed-room, which has remained open the entire day; the window is left partly open the whole night, covered by a light blind. No drugs whatever are used at Falkenstein, and still the results are most satisfactory, thirty-seven per cent., including all grades, recovering completely.

At Brehmer's Institute the same principle is adhered to, the patient being almost constantly exposed to fresh air, without draughts and are kept well-protected against too sudden changes. Even the dining-rooms are kept at a temperature of 65° F. at all seasons, and the air is renewed five times every hour. The results obtained by this Nestor of simplified therapy are gratifying in the extreme. Of 554 cases of phthisis treated in 1888, 49 (i. e., 8.8 per cent.) were completely cured, 71 (13 per cent.) were nearly cured—that is, neither bacilli or elastic fibres were longer present in the sputum—28 were not helped and 34 died. The others were helped somewhat, as shown by a gain in weight averaging 11 pounds. Of the 150 who remained in the institution during the winter 1887–'88, 17 died, 6 remained unchanged, and the other 127 showed a gain in weight averaging 19½ pounds.

The Kentucky State Medical Society

Will convene in its thirty-sixth annual session in Lexington, Ky., May 27th, 28th and 29th. The programme gives promise of work full of practical interest and of a high order. The local committee of arrangements—Dr. David Barrow, of Lexington, chairman, promises that the social features will be unusually inviting. Our Kentucky frends extend a hearty invitation to their Virginia cousins of the Medical Society of Virginia to be present.

Popular Faith in Alteratives.

Since the nature of the action of this class of remedies is to some extent as yet undetermined and obscure, they are necessarily prescribed empirically. To this fact is perhaps due the promiscuous use by the public, not infrequently with the endorsement of physicians, of a host of nostrums of no real medicinal value. Many of these have had an enormous sale—indicative not so much of their worth as of the general belief in the necessity for the use of what are popularly termed "blood purifiers." Spring is the season when these are most generally resorted to. When we consider that there is scarcely no condition of disease at some stage of which tonic alteratives are not indicated, it will be appreciated that next to agents such as opium and quinine, the action of which is specific, no class of medicines is more frequently demanded. This reminds us to say that Messrs. Parke, Davis & Co. supply, under the name of Syrup Trifolium Compound, an alterative formula containing red clover, stillingia, cascara amarga, burdock root, poke root, prickly ash bark, berberis aquifolium—all valuable vegetable alteratives—either with or without potassium iodide. been used by physicians with much success in all conditions requiring alterative treatment.

The International Clinics.

The J. B. Lippincott Company will, beginning with April, issue quarterly thereafter a work entitled "International Clin-

ics." This work will comprise the best and most practical clinical lectures on medicine, surgery, gynæcology, pediatrics, dermatology, laryngology, ophthalmology and otology, delivered in the leading medical colleges of this country, Great Britain and Canada. These lectures have been reported by competent medical stenographers and thoroughly revised by the professors and lecturers themselves. The object of the work is to furnish the busy practitioner and medical student with the best and most practical clinical instruction in concise form. Each volume will consist of over 350 octavo pages, illustrated with photographic reproductions of important cases.

Neurosine.

This is a new and powerful neurotic compounded by the Dios Chemical Company of St. Louis, which is the same company that manufactures "Dioviburnia," so highly commended by the profession everywhere, and is another evidence of the progress in medicine. Although we have not had the pleasure of giving "Neurosine" a trial, suffice it to say, the formula is such it could not be otherwise than a most powerful neurotic. The formula is as follows: Each fluid drachm contains five grains each C. P. bromides of potassium, sodium and ammonium, one-eighth grain bromide zinc, one sixty-fourth grain each of extract of belladonna and cannabis indica, four grains extract lupuli, and five minims fluid extract cascara sagrada with aromatic elixirs. This enterprising company proffer to send any physician who will pay express charges a sample bottle free.

Editor's Library Table.

Practical Treatise on Electricity in Gynæcology. By Egbert H. Grandin, M. D., Chairman Section on Obstetrics and Gynæcology, New York Academy of Medicine; Obstetric Surgeon, New York Maternity Hospital; Obstetrician, New York Infant Asylum, etc., and Josephus H. Gunning, M. D., Instructor in Electro-Therapeutics, New York Post-Graduate Medical School and Hospital; Gynæcologist to Riverview Rest for Women; Electro-Gynæcologist, Northeastern Dispensary, etc. Illustrated. Octavo, 180 pages. Muslin, \$2. WILLIAM WOOD & Co., publishers, New York.

It is only a short time since electricity has been used in the treatment of the diseases of women. One reason, perhaps, why so many gynæcelogists, and general practitioners even, have been deterred from its use is because of the belief that its intelligent application demands a thorough knowledge of the physics of the agent. In the opinion of the authors that practitioner possessing a knowledge of the first principles of electrical phenomena, is in a position to use the agent intelligently and to obtain good results, although they would not be understood as underestimating the value of closer study in leading to more scientific application.

It is apparent to all who treat diseases of women that our routine methods are often disappointing. Looking, then, for some adjuvant method which will yield speedier results and more permanent, if not wholly lasting ones, the teachings of Tripier and Apostoli, as well as Engelmann in our own country, have so far gained acceptance that it may be asserted without fear of contradiction that the day is not far distant when electricity will become a very prominent factor for the relief and the cure of morbid changes in the female sexual organs.

We are on the verge of a new era in the application of electricity to the diseases of women, and the aim of the book before us is to tersely state the principles on which this application depends. It is essential that these principles be known if electricity would not be used blindly and with disappointment. We would say, then, procure a copy of this most practical treat-

ise, and learn how to use this agent in accordance with the developing methods of the present day, if you would not be left behind in the race for successful results.

A Text-Book of Bacteriology. By CARL FRAENKEL, M. D., Professor of Hygiene, University of Königsberg. Third edition, translated and edited by J. H. LINSLEY, M. D., Professor of Pathology and Bacteriology Medical Department of the University of Vermont; Demonstrator of Pathology and Bacteriology, New York Post-Graduate School and Hospital, etc. Octavo, 380 pages. Extra muslin, \$3.75. WILLIAM WOOD & Co., publishers, New York.

This is the latest text-book on bacteriology, and, if we mistake not, is the only one published this side the Atlantic. It bears the date of April, 1891. It is a translation of the third edition of Professor Fraenkel's well-known book, which is now published in six different languages. The translation could not have been entrusted to one better fitted for the task than Dr. Linsley, the well-known bacteriologist of New York. his preface he makes the following extracts from the preface of the first German edition, which announces that the book "does not claim complete or exhaustive discussion of the subject and presents no statements from literature. . . Only such facts and observations have been given as were examined by myself. . . . I have at all times been assisted by Dr. Koch's weighty advice, and am thus fortunate enough to know that my views are in complete harmony with those of the master of recent bacteriology."

The binding is of extra muslin; the price only \$3.75. It deserves a place in the library of every progressive physician.

Structure of the Central Nervous System. By Dr. Ludwig Edinger, Frankfort-on-the-Main. Second revised edition. With 133 illustrations. Translated by Willis Hall Vittum, M. D., St. Paul, Minn. Edited by C. Eugene Riggs, A. M., M. D., Professor Mental and Nervous Diseases, University of Minnesota. F. A. Davis, publisher, Philadelphia. Cloth; price, \$1.75 net.

This book constitutes a series of twelve lectures delivered before an audience of practitioners by the author, Dr. Riggs, during the winter of 1883-'4. This, the second edition, has undergone many changes. The chapters on Histology and Histogenesis have been entirely re-written. The author acknowledges that modern neurology owes much to the labors of American physicians, and in this connection, the editor, Dr. Riggs, speaks in the most cordial terms of the encouragement and assistance rendered him by Dr. B. Sachs, a well-known neurologist of New York city. We feel assured that the student and the progressive practitioner will find this a reliable guide to the study of this very difficult and intricate subject.

A Guide to the Practical Examination of Urine. By James Tyson, M. D., Professor of Clinical Medicine in the University of Pennsylvania, etc. Aeventh edition. Revised and corrected. With a colored plate and wood engravings. P. Blakiston, Son & Co., Philadelphia, publishers. 1891.

Professor Tyson's Manual has become the standard in urinary analysis, and for that reason is so well known that it remains only to say that few changes have been made in this, the seventh edition, beyond the correction of some inaccuracies and the addition of enough to secure completeness. Those tests that have not borne the trial of experience have been relegated to the secondary matter printed in smaller type—a very great improvement.

A Treatise on the Diseases of the Nervous System. By WILLIAM A. HAMMOND, M. D., Surgeon-General U. S. Army (retired list), late Professor of Diseases of Mind and Nervous System in College of Physicians and Surgeons of New York, The Bellevue Hospital Medical College, The University of City of New York, etc. With the Collaboration of GRÆME M. HAMMOND, M. D., Professor of Diseases of Mind and Nervous System in New York Post-Graduate Medical School and Hospital, etc. With 118 illustrations. Ninth edition. With corrections and additions. D. APPLETON & Co., publishers, New York. For sale by West, Johnston & Co., Richmond, Va.

Among the new books for April none is more highly prized than this, the *ninth* edition of "Hammond's Diseases of the Nervous System." Indeed, it stands pre-eminent as the American text-book on nervous diseases. Price, cloth, \$5; sheep, \$6.





Vol. V.

MAY, 1891.

No. 5.

Medical Methods and Opinions.

RETENTION OF THE MEMBRANES OR PLACENTA—CAUSES
AND TREATMENT.

AN INTERVIEW WITH
EGBERT H. GRANDIN, M. D.,
New York City.

Such is the importance of a proper course of action when there is retention of placenta or membranes subsequent to the birth of the mature fœtus, or after miscarriage, we have interviewed Dr. Egbert H. Grandin, chairman of the Section on Obstetrics in the New York Academy of Medicine, and one of the leading obstetricians of New York city. His views will be read with interest.

In reply to our first interrogatory, What are the causes of placental retention? he replied as follows:

Retention of the membranes or placenta after miscarriage (abortion) or labor at term, is in part due to natural causes; in part dependent on the action of the accoucheur. Disease of the

uterus antecedent to impregnation, fatty degeneration of the · placenta, attempts at miscarriage during the early months of pregnancy—such, briefly stated, are the main natural causes of retention. The administration of ergot prior to the completion of the third stage of labor, traction on the cord in order to effect delivery of the placenta, the twisting of the membranes after placental expulsion—such, briefly stated, are the chief causes dependent on the accoucheur. In the first instance, retention is due, as a rule, to adhesions between placenta or membranes and the uterus; in the second instance, retention is simple—that is to sav. it is mainly due to spasmodic closure of the uterine sphincter, or of the lower uterine segment (hour-glass contraction) below the retained portion, which, as a rule, lies loose in the uterine cavity. Premature resort to placental expression might lead to simple retention, owing to the fact that spurring of the uterus to contraction before it has recovered tone after the second stage of labor, may result in atony of the uterus; exceptionally, the result will be expulsion of the placenta without a portion of the membranes, seeing that these have not been given an opportunity to separate.

What interval of time do you allow for separation to occur, and what, in detail, is your method of delivery at full term?

After the completion of the second stage of labor the uterus requires time in which to regain the tone necessary for physiological action (contraction) during the third stage. To massage the uterus, to compress the uterus, to pull on the cord before this tone has been acquired, can only result in adding, so to speak, shock to shock. It is spurring the jaded steed, and the result is uterine atony with its consequences. My rule of practice, after the completion of the second stage, is: Keep the hand on the uterus and wait for the return of contraction. When contractions recur efficiently, then resort to expression in the proper axis. If there be no adhesions or hour-glass contraction, the placenta will be expelled. As a rule, efficient contractions recur in from fifteen to twenty to thirty minutes. If they do not at the end of the thirty minutes, I proceed to find out why, and

to act according to the indication. Action—that is, manual removal—close on to the expiration of the second stage, is, as a rule, only required in case of hemorrhage.

In the event of retention of a portion of the membranes or placenta, what is your opinion of manual extraction as compared with the use of the curette or placental forceps?

Retention of a portion of the membranes or placenta, if protracted, will always, to a greater or less degree, prove harmful to Both placenta and membranes, their purpose once subserved, are foreign bodies, and as such should be treated. Their presence in the uterus, if they do no more, will interfere with due involution of the uterus. According as pregnancy has advanced nearer the term, retention carries with it the risks of hemorrhage and sepsis in the present, and of endometritis and possibly salpingitis in the future. Asepsis and thorough emptying of the uterus are the keys which lock the doors effectively against any and all of these risks. The one is obtainable through absolute cleanliness of the physician, nurse and parturient; the other through the physician's determination not to consider abortion or labor at term complete until he has digitally or manually explored the uterine cavity in every instance where inspection of the ovum or the placenta leads him to suspect their integrity. Immediately after abortion or labor at term, the cervical canal is, as a rule, wide open (provided ergot has not been administered), and it is a simple procedure, and a procedure carrying with it no risk to the woman, to insert the finger, if need be, the hand, to the fundus of the uterus and detach the adherent portion of placenta or of membrane. Due control of the uterus and depression of the organ through the abdominal wall by the other hand and absolute cleanliness of the internal finger or hand, are, of course, essential. According to the expertness of the physician, he will depend on his fingers and not on curettes or placental forceps.

Removal of portions of placenta or membranes by this manipulation is far easier and safer than if not having been removed. Symptoms of local sepsis, for instance, necessitate

interference a few days after delivery, when the uterus has to a greater or less degree contracted. When removal is accomplished at this date it may be in the face of an endometritis, which, in turn, may merge into a salpingitis—to say nothing of further possibilities, such as general septicæmia, purulent peritonitis, etc.

36 East Fifty-eight Street.

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month.]

Aristol as a Substitute for Iodoform is fast coming into general use in venereal practice. It is free from the objectionable odor of iodoform and has been found to be equally as efficacious as a local remedy for all venereal sores.

Goodell's Obstetric Hand.—Professor Goodell, of Philadelphia, always teaches his students to use the left hand for vaginal and filthy examinations in gynecological work and the right hand for obstetric work; thus enabling one to have a gynecological hand and an obstetric hand.

To Remove Sutures after Gynecological Operations, says Kelly, cut it just below the crust, where it is moist and pliable. The free ends of the suture should, in the first place, be caught by a dressing forceps so that the loop may be raised; then the loop is carefully clipped in the moist part, below its point of exit. Lastly, the suture is extracted by pulling it towards the side on which it has been cut. If traction be made in the opposite direction the freshly united surfaces may be dragged apart.

Quinine as an Antipyretic.—Dr. Rex, in a clinical lecture, in speaking of the antipyretic uses of antipyrin and quinine, said that antipyrin would reduce the temperature, but would not keep it reduced; while quinine would not reduce the tempera-

ture, but would hold it down; so that he gives antipyrin to bring down the temperature, and follows this with the same quantity of quinine to keep it down.—Times and Register.

One Bad Effect of a Sponge Tent.—Dr. W. Gill Wylie says: "The moment you introduce a tent into the cervical canal, drainage is at once stopped, and not only have you arrested drainage, but you have exposed the general system to the chances of infection. There is always something abnormal in the uterus when you introduce a tent or tampon. I have not employed a tent in fifteen years, and I would not occlude the mouth of the uterus, under any circumstances, for a period longer than a half hour or so. If I had a severe hemorrhage I would use other means to arrest it, such as hot-water injections, etc. Any man who puts in a tampon or tent has not made sufficient progress in the march of modern surgery, and is not as good a gynecologist as he ought to be."

Catarrh Treated by Peroxide of Hydrogen and Aristol.— The editor of Pharmaceutical Era says that aristol, dissolved in the lighter petrolatum products, has helped him in a considerable number of difficult cases of naso-pharyngeal catarrh. The proportion of the aristol used has not exceeded 10 grains to the ounce. He begins the treatment by using hydrogen peroxide, in a weak solution, by means of an atomizer. This as a preliminary cleansing measure is beneficial. It is to be followed with the aristol solution as a spray, by which the affected parts are protected as by an antiseptic oily covering. Aristol is harmless in the strength above indicated, and it may safely be prescribed to the patient for home use. The results of this treatment have been the re-establishment of a healthy mucous membrane and a reduction of the catarrhal flow. The cleansing power of the peroxide is admitted on every hand, and favors the more thorough action of drugs than if they are immediately applied.

Treatment of Fissured Nipple and Engorged Mammary Gland.—Painting with tincture of benzoin, while an excellent procedure for small superficial cracks of the nipple, is perfectly worthless in more advanced cases. The writer has found in hospital and private practice that excellent results can be secured in bad cases by the application of an ointment made of equal parts of castor oil and subnitrate of bismuth. This mixture makes a very smooth, soft ointment, which relieves the pain, and is an

excellent protective to the part. Before application, the nipple and surrounding skin should be carefully cleansed and disinfected, and then the ointment should be smeared on plentifully. If it is necessary for the child to nurse from the affected nipple, it can be allowed to do so without the necessity of removing the ointment from the nipple, as must be done if tannic acid or the salts of lead are used. This is a serious disadvantage of many forms of treatment recommended for fissured nipple, for the irritation of removing the substance employed as a local sedative neutralizes the action. For the engorgement and pain in the mammary gland itself the author advises cloths wet with lead water and laudanum, frequently renewed, and kept in place by a binder or bandage, which also supports and compresses the breast. A breast-pump must be used or a glass nipple with a rubber tip.—Dr. C. B. Hirst, University Medical Magazine.

The Commencement, Duration, and Method of Treatment of Syphilis.—The Journal Cutaneous and Genito-Urinary Diseases refers to Prof. Leloir's treatment of syphilis. As is already well known, Prof. Leloir does not administer mercury before the apparition of secondary manifestations. Mercurial preparations are, however, employed locally in treating the primary sore. As soon as the secondary signs show themselves, the author says: "I prescribe daily frictions of mercury, of which the dose varies from two to four grammes, during fifteen days. I then let the patient rest for from fifteen days to three weeks, according to the case, and thus I continue during the first ten months." Mercurial plasters are used locally for the cutaneous,

and mercurial lotions for the mucous syphilides.

After the first six to ten months inunctions are given for ten days, at a time only, and an interval of three weeks to two months is allowed. This plan is continued during the second year of treatment. In exceptional cases showing persistent headache and osteocopic pains which resist the mercurial treatment, two to three grammes of potassium iodide are given, with the addition of from half a gramme to a gramme of the bromide. If after the second year the patient has been free from specific manifestations for some time, every three months a tendays' friction course is given, and several weeks later two to three grammes of iodide of potassium in milk, at evening or after a meal. If after the beginning of the third or the fourth year the patient has been free for more than a year from all syphilitic accidents, twice a year, in the spring and fall, a tendays' inunction cure is carried out. For a month after each of

these ten-day courses the iodide is again given in two-gramme daily doses and continued for three weeks. If the patient returns after the fourth year, although free for a long time from any signs, the precaution is taken to prescribe the same semi-annual course. Neurasthenia of a severe type has been often seen to follow excessive treatment, and accompanied by dilatation of the stomach or not, as the case may be. The author has known it to be regarded as cerebral or cerebro-spinal syphilis, and the excessive treatment which has caused the condition to be persisted in. The author admits that he has himself more than once fallen into the error of mistaking a neurasthenia from the abuse of treatment for cerebral syphilis. In expiation of the fault he has many times caused patients in spite of themselves to give up specific treatment prescribed for them for supposed cerebral syphilis.

Mercurial preparations are given by the mouth only when it is impossible to do otherwise, since they are more likely to occasion neurasthenia when given internally. Eruptions in delicate skins from inunction can usually be avoided by using only a freshly-prepared ointment made with fresh benzoated lard; having the parts washed carefully twelve hours after the fric-

tions, and some lotion or powder applied.

The Therapeutics of Cactina.—Unlike digitalis, cactina may be administered continuously without fear of exciting gastric disturbance, and the objectionable cumulative action of the former drug is entirely wanting. In short, cactina may be employed with benefit in all varieties of functional cardiac and circulatory disturbances and in organic heart disease, except in cases of mitral stenosis, where digitalis is to be preferred on account of its power of prolonging the diastolic period, thus affording the ventricle power and time to entirely empty itself. Per contra, in acrtic insufficiency the short diastole produced by cactina allows no time for regurgitation of blood into the ventricle; whereas, digitalis favors, by prolonging the diastolic period, just what we would seek to prevent.

Good Points for Students and Doctors.—Dr. W. H. Steele gives in *Items of Interest* the following points learned from experience, hoping that others may profit by his errors and losses:

Don't neglect your business.

Don't misrepresent anything to get business.

Don't try to economize by using cheap material or poor instruments.

Don't make any promises, either financial or professional,

that you cannot fulfill.

Don't lock your office during office hours to go off on a frolic, or to attend to any side show, or for any other purpose that can be avoided.

Don't try to tear down a competitor's reputation, on which to

build your own; it makes a rotten foundation.

Don't forget that the poor have feeling as well as the rich, and are just as deserving of respect and your best services.

Don't be cross to the little ones; some day they will be men and women, and they will remember you for good or for bad.

Don't fail to take several good journals, and to keep yourself

posted on all new instruments and improvements.

Don't buy a bill of goods because they are cheap or you can get time on them. Do a cash business, and be a cash customer to everyone. It will wonderfully enhance your reputation in the community.

Don't repeat some slanderous story that may have been told

you by talkative patients while operating for them.

Don't let a "good enough job" go out of your office; do your very best every time for your patient. By this means you will improve your work, improve your patronage, and improve your bank account.

Don't fail to be prompt in collecting and paying your bills, if from any cause you feel obliged to give or receive credit. By so doing you will gain and keep the confidence of all.

Don't use tobacco in any form; it is certainly of no benefit to you, and, to say the least, will work you harm physically,

morally and financially.

Don't use intoxicating liquors, for intemperance is the rock on which many a good practice has been stranded, and any in-

dulgence leads to excess.

Don't forget there will come a time when your eyes will grow dim, and your hand lose its cunning. It is when you are young, healthy and prosperous that you should lay aside something to fall back on in sickness and old age, and when you will be glad to be able to reflect that you are leaving a busy, bustling world better for the part you have played in it. A serene, satisfied old age, well provided for, must be delightful.

The Relation of Uterine Troubles to Abortion.—It is a fact that a woman is much more liable to have uterine trouble following miscarriage than labor at full term. Dr. W. Gill Wylie gives, in the *Int. Jour.-Surg.*, the main reason for this. It is

that she does not keep herself as clean after the former as she generally does after the latter. Then, again, when the fœtus comes away after the second or third month the uterus is somewhat irritable, the os is closed and drainage inefficient. Hence, the imperfect drainage and the increased danger of infection from the fact of the woman regarding miscarriage as a trivial concern, greatly enhances the chances of sepsis, and when it does occur, it is apt to be very serious in its conse-Septic poison in the uterus, dilated as it is after labor, acts very different than under the same conditions after a miscarriage. If you prick your finger and secure thorough drainage immediately afterward, no serious trouble is apt to follow; but if the skin closes on the injury, and no drainage is established, a most fatal condition may develop. It is precisely the same with the uterus, and that is the reason why, after miscarriage, disease of the uterine appendages is so common, and we so frequently find such serious and dangerous re-Then, again, involution after labor at full term is much more likely to be brought about than after miscarriage or abor-At full term the uterus has reached its complete stage of development and naturally contracts in a normal manner, while after miscarriage the whole physiological process has been interrupted in a violent manner, and its natural tendency is to remain large and give rise to subsequent trouble.

Antikamnia — Dr. G. C. Eggers, Jr., of Florisant, Mo., writes as follows to the Antikamnia Chemical Company, of St. Louis: "I have been using antikamnia for the past ten months, and up to within the past month uniformly obtained results which justified in every particular the claims made for your product. In fact, its usefulness to me was so completely established that I had come to regard it as an absolute sine qua non in my prac-Within the past month I have had some inexplicable failures in cases where antikamnia never before disappointed. Upon carefully reviewing the subject, I find that during the entire period I purchased direct from you I had no failures to record; latterly, however, I have purchased from convenient retailers. Within the past two or three months I have noticed in various medical journals several alleged formulæ for antikamnia, varying so materially that their very disagreement successfully establishes their falsity. I am led to believe that some druggists are supplying a compound made according to one or the other of these formulæ, and dispensing it as antikamnia. I wish you would look into this. When I prescribe antikamnia. I want antikamnia and nothing else."

Summer Disturbances of Children.—Dr. D. J. Roberts says, in Southern Practitioner: In fermentative disorders of the alimentary canal in the young, middle-aged or old, listerine has given most satisfactory results. In the summer diarrhæa of children, Dr. I. N. Love, of St. Louis, speaks very highly of it, given in combination with glycerine and simple syrup. A formula that I have time and again used—in fact, it has almost become routine with me of late years—is as follows:

₽.	Bismuth sub. nit.									
	Tr. opii									twenty, drops.
	Syrup ipecac Syrup rhei arom .			•	•	•	•	•	•	
	Syrup rhei arom .					 		. a	a	two drachms.
	Listerine									half an ounce.
	Mist. creta									one ounce.

M. Sig.—Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.

Vaginal Douches in the Unmarried.—According to Dr. Sarah Post (American Journal of Obstetrics) vaginal douches should not be employed in the treatment of unmarried women, as they are likely to excite sexual orgasm.

Milk Diet in Typhoid Fever.—Prof. Da Costa thinks that the exclusive use of a "milk diet" in typhoid fever is overdone. The stools should be carefully watched to see that the milk does not disagree. His plan is to use three pints of milk and one pint of broth in the twenty-four hours, given alternately, with a mid-day meal of arrow-root, or other thickened food. It should be given every two hours during the day and every three hours at night. In very light cases it may be given every four hours at night, but under no circumstances should nourishment be used less frequently.—College and Clinical Record.

Hydrogen Peroxide in Diphtheria.—Dr. W. A. Dickey says in Annals Gyn. and Ped.: Peroxide of hydrogen, when applied to a diseased membrane, causes little or no pain, and that he knows of nothing in the whole materia medica that will dissolve the diphtheritic membrane so quickly and thoroughly, and yet leave the healthy mucous membrane intact. Dilute it twenty-five per cent. (although it can be used full strength), and apply with an atomizer. This can be repeated until effervescence ceases, when the membrane will be found to have practically disappeared, leaving a whitish surface. If the nose is invaded, it can be applied there with equal satisfaction. Absorb

all the watery secretions from the nostrils with blotting-paper or absorbent cotton, and then apply the peroxide. After using the peroxide, use a solution of chloral hydrate, glycerine, and water, either as a gargle or with an atomizer. [Marchand's is the best.]

Appendicitis and Pericæcal Inflammation.—Dr. Thomas G. Morton, of Philadelphia, read a paper before the late meeting of the A. M. A. on the above subject. He pointed out the importance of early diagnosis, prompt operation, and thorough exploration of the abscess-cavity, and he considered it of vital importance to remove the appendix vermiformis if it be found diseased. He reviewed the pathology, and held that the opening into the appendix is not patulous; that the calibre is not as large as a goose-quill, but that ordinarily there is no cavity at all, the walls being collapsed and usually only admitting a probe; that the opening is usually closed with mucus; that in length it is from three to nine inches, and that it is not joined to the cæcum at its lowest point.

He divided the cases into three groups: 1. Where irritation or simple inflammation only is present; in these the diagnosis is not easy. 2. Where inflammation of a severer type, with ulceration or perforation, gave tumefaction and other evidences of inflammation. 3. Where ulceration and perforation had occurred without sufficient lymph exudation for protection; in these the onset was sudden, but it was usually not the first attack.

Symptoms.—First group: Pain, increased by pressure, and possibly nausea, vomiting, constipation, and an accelerated pulse. Second group: Tumor from lymph exudation, but with no symptoms of pus formation because of the thick walls. Third group: No encasing wall, all symptoms sudden, and those of intense local and general peritonitis. Several cases were reported in detail. The author advises removal of the appendix, if possible, in the interval between recurrent attacks.—Med. Record.

Ingrowing Toe-Nail.—Prof. Wyeth, in the *International Journal of Surgery*, describes the operation under cocaine anæsthesia as follows:

The foot and toe were first cleansed and disinfected, an elastic ligature being thrown around the toe at its proximal end, and as near the metatarsal junction as possible. This was done for the purpose of isolating the circulation in the great toe.

Local anæsthesia was then effected by introducing the hypodermic needle of the cocaine syringe beneath the skin on the dorsum of the toe. Three or four drops of a four per cent. solution of cocaine were then forced out of the syringe into the tissues, and this manœuvre was continued to the right and left until about twenty minims of the drug had been injected. After the anæsthesia had been rendered complete at all points around the nail, the needle was then removed.

After the lapse of a few minutes, an incision was made from the middle and posterior margin of the nail directly backward for a distance of about half an inch. A second incision was made across the top of the toe, extending as low down as the most inferior portion of the nail on either side, and uniting with the perpendicular incision, thus giving the entire wound a T-shaped appearance. The two quadrangular flaps were now dissected up to the right and left and held apart by retractors. The nail was then slit from before backward in the median line. the incision extending through the matrix and as far back as the transverse cut through the skin. Both halves of the nail, together with the matrix, were then removed, the granulation tissue scraped out and the foot immersed in a basin of warm sublimate solution, 1 to 2000. The elastic ligature was then removed and the wound allowed to bleed for a minute. In this way the excess of cocaine solution was washed away from the tissues. The ligature was again applied and the flaps brought into position. The space previously occupied by the horny part of the nail was packed with sublimate gauze, and the entire toe wrapped in the same dressing. A narrow bandage was applied around the toe, so as to hold the gauze in position and at the same time prevent bleeding. Over this a protective covering was placed, which was held in position by a second bandage. The second bandage was carried up the toe to the point where the elastic band had been applied, which was then removed and the bandage continued up the foot. A single such dressing is usually sufficient, and this need not be removed for ten days.

Diphtheria: Its Extension, and the Best Means of Preventing It.—Löffler, Roux and Wachsmuth have recently published a paper of which the following is an abstract: Patients with diphtheria should, of course, be isolated, and in a room containing only the barest necessaries in the way of furniture. All the surroundings of the patient must be freed from bacilli by the use of superheated steam. Children who have had diphtheria must be kept out of school at least four weeks. The re-

sisting powers of the bacillus of diphtheria are such that it can retain its vitality in large and moist membranes for fourteen to sixteen weeks. Löffler is not quite certain that diphtheria can be transferred from animals to human beings, but he believes that the bacillus may locate itself upon unbroken mucous membrane, hence the necessity for the use of mouth-washes for children, for prophylactic purposes. A one to ten thousand solution of sublimate may be used for this purpose. He does not believe that climate has as much to do with the danger of contracting this disease as have bad hygienic conditions. His conclusions are:

1. The diphtheritic spore is the cause of the disease, and is

to be found in the diseased mucous membrane.

2. As long as any traces of diphtheritic exudate remain, the bacillus or spore may be found, and in some cases it may be

found after such traces have disappeared.

3. In dry membranes the spore will retain its vitality four or five months, hence the necessity for disinfecting everything which could come in contact with the diseased excretion. This may be done by boiling, or by subjecting to steam at 100° C. The floors should be washed with a one to one thousand solution of sublimate, and the walls rubbed down with bread.

4. The bacilli retain their vitality longer in moist than in dry surroundings, hence moist and dark rooms are favorable for

their development.

5. The bacillus of diphtheria thrives very well outside the body at a temperature of 20°C.; it also grows very well in milk; hence the necessity for careful regulation of the milk business.

6. The diseases which resemble diphtheria in certain species of animals are not caused by the bacillus which causes diphtheria in human beings, nor will they result in producing diphtheria in human beings.

7. The etiological identity of diphtheria in cats with that in

human beings has not been proven.

8. Lesions of the mucous membrane favor the development of the bacillus of diphtheria, but are not essential thereto.

9. The influence of certain meteorological factors in determining the spread of diphtheria has not yet been positively shown.

Roux affirms that the diagnosis of diphtheria cannot be bacteriologically determined with certainty until the middle of the second day of the disease.

In regard to treatment: The use of antiseptic irrigation must be continued until the bacilli have disappeared from the mouth. Such treatment should continue from eleven to fourteen days. The furniture of the sick-room and all the surroundings should be disinfected with boiling water or steam, the patients should be isolated, and antiseptic irrigation should be continued as long as any trace of angina remains.

Wachsmuth recommends the following prophylactic precau-

tions:

1. The yard contiguous to the house in which diphtheria has prevailed should be disinfected.

2. Places in which dust accumulates should be disinfected with carbolic acid, and the dust collected and carried away.

3. Means for producing perspiration upon the body are among the most efficient agents in the prophylaxis of diphtheria.—Archives Pediatrics.

Antipyretics in the Treatment of the Febrile Diseases of Children.—Upon this subject Professor Demme, in the report of the Children's Hospital at Berne, writes as follows: The study of the acute fevers of children has led me to the decided conviction that moderately high temperatures, 101.3° to 103° F., lasting but a few days, are best treated without recourse to any medicinal antipyretic. I believe that such cases are best managed by means of wet cloths wrapped around the body and methodically renewed every two hours. Experience has taught me that the nervous excitement and restlessness accompanying these moderate temperatures, and the wakefulness not infrequently present, are most successfully combated by one or two lukewarm baths daily, the temperature of the water being 78.8° to 82.4° F., and the child kept in the bath for five or ten minutes. It is only when the fever-heat ascends to 104° F. or upward, and remains for some time at that point, that the employment of an antipyretic is advisable. It is not, however, the temperature alone that should dictate our course, but the character of the existent disease-process and the actual condition of the patient. In my opinion, antipyretics are most suitable to typhoid fever, acute articular rheumatism and obstinate, progressive broncho-pneumonia. I avoid such drugs, or, at least, use them only exceptionally, in diphtheria, the acute exanthems and simple croupous pneumonia. What I have already said concerning the employment of baths alone applies also to the combined use of baths and antipyretic drugs. Extremely seldom, and only according to a special indication of an extremely high degree of fever, do I seek to depress the temperature by means of a refrigerant bath. Usually, and with entirely satisfactory results, I employ the lukewarm baths of which I have spoken. When there is a tendency to sopor, or the face is of a deep-red or cyanotic hue, I am accustomed, while the patient is in the bath, to make use of intermittent affusion of the head and neck with water 5.4° to 7.2° F. cooler than that of the bath. This method yields excellent results.—Dietetic Gazette.

Some Points on Perityphlitis.—Dr. Joseph McEvoy, of Atlanta, gives the following in the Atlanta Med. and Surg. Journal: Perityphlitis does not always terminate in the formation of an abscess, as was once thought by some; the disease often disappears by resolution, without any signs of pus. The diagnosis, as a rule, is attended with considerable difficulty; the pain may be entirely absent until perforation has occurred. It is usually present, however, and is very acute; is most marked in the region of the cæcum. This comes on suddenly; the pulse is accelerated, and the temperature is considerably raised; an indurated swelling may be detected either by palpation in the right iliac fossa or by digital exploration of the rectum. When found in the rectum it is a firm, elastic mass, tender to the touch, and situated near the region of the caput coli. When seen externally, it seems to be deep-seated, and is usually located on a line extending from the right superior iliac spine to the umbilicus and about two inches from the iliac spine.

The onset of the disease is usually severe, being characterized by nausea and vomiting. Sometimes the pain is diffused, but after the lapse of two or three days becomes localized; the tem-

perature varies from 100° to 105° F.

Induration comes on usually within forty-eight hours after the commencement of the attack, and generally subsides soon after the abatement of the other symptoms, when recovery takes place by resolution. So far as the early symptoms are concerned, it is impossible to say whether the case will end in resolution, or whether it will go on to suppuration.

Resolution rarely ever occurs before the eighth or ninth day; when it does occur it is usually accompanied by a reduction of the temperature and a perceptible diminution of the pain, dis-

tention and abdominal tenderness.

Sometimes the tumor subsides rapidly, at other times months elapse before it entirely disappears. If, however, the case should go on to suppuration, the symptoms, which have already been described, will increase in severity, together with rigor, sweating, tympanitis and an increased extent combined with a diminishing firmness of the tumor. These are the chief points

which indicate the existence of pus; they usually appear about the end of the second week.

Boracic Acid Applications in Endometritis.—Dr. Alexander Duke said in a recent paper in the British Medical Journal:

Having obtained the most decided benefit in the treatment of cases of vaginal leucorrhœa and erosion of the os and cervix uteri, both acute and chronic, by vaginal application of boric acid, and having also observed the rapidity with which the healing process is effected by the same treatment in cases of division of the cervix for stenosis, I not long since designed a convenient form of insufflator for the purpose. Thinking I could go a step farther and apply the acid to the endometrium itself, I found that, by means of a slightly curved vulcanite tube something larger than a No. 12 catheter with tightly fitting rod

or piston of the same material, I could safely do so.

The tube spoken of is charged for about two inches from its point by drawing back the piston and plunging the tube downward into powdered boric acid contained in some deep receptacle, such as a wide-mouthed bottle. The point of the tube being then inserted into the uterus, having been previously cleansed with my wire curette, which holds the secretion during removal, the piston is pushed home, and a stick of compressed boric acid is deposited in the uterus, the patulous condition of the os and cervix existing in these cases facilitating the introduction of the tube. By this simple means I have succeeded in curing quite a number of cases of this troublesome and intractable complaint, some of which had previously, both in my own practice and that of others, resisted the usual routine—caustic treatment. I also thoroughly dust over the vaginal walls with the powder at the same time.

Judging by my own experience I should say that if this treatment be adopted (as described), the most chronic cases of endometritis should yield to a dozen such applications at most, at intervals of three or four days. It is now some years since Dr. Redmond, surgeon to the eye and ear cases in St. Vincent's Hospital, Dublin, having found the value of boric acid in cases of suppuration from the ear, was kind enough to suggest to me its suitability as a treatment in these cases. And it was while making trial of his valuable suggestion that I read a paper by Dr. Schwartz, of Halle, on the value of boric acid as a vaginal application in cases of leucorrhæa, which considerably strengthened the ideas I had then formed as to its use.—Northwestern

Lancet.

A Certain Class of Obstetric Cases in which the Use of Forceps is Imperatively Demanded, was the title of a paper by Dr. Augustus P. Clark, of Cambridge, Mass., before the A. M. Association. If there is to be a resort to either the forceps or internal version, the former should be chosen. The former conditions thought to demand the use of the forceps, undue distance from the soft parts, great debility of the patient, and the occurrence of convulsions, fall far short of being the present status. When the head of the fœtus has descended into the cavity of the pelvis and the labor has become lingering from uterine inertia, the forceps may be used with great advantage. In protracted labor, when the feetal head has engaged the pelvic brim, or has only reached that introitus and become arrested in its descent, the forceps should be preferred to all other means of relief. The necessity of the application of the forceps in such cases implies the normal or nearly normal proportion of the pelvic cavity. In cases of protracted labor where the head has not yet reached the pelvic brim, the fœtus still alive, his experience is largely in favor of the forceps. In every such case the forceps should be of requisite length and of a curve adapted to the peculiar curve of the pelvis. The frequent employment of the forceps merely for the shortening of labor, betrays lack of appreciation of the real advantages to be derived from instrumental interference, also want of conception of the dangers, either immediate or remote, which may follow in any case in which the forceps have been brought into requisition.— Med. Record.

What Constitutes a Filth Disease?—This question is answered by Dr. S. W. Abbott, in the Sanitarian, as follows: We may reasonably conclude that a filth disease is one in relation to which filth in some form or other, either wet or dry, plays the part of an important factor only in its causation, but is not itself the direct cause; that it acts either as a favorable soil for the propagation of disease germs (other favorable conditions also existing), or that it acts as a suitable medium or vehicle for the transmission of the particulate contagion from the sick to the well, as is probably the case in the inhalation of the bacillus tuberculosis in and with the dust of filthy or ill-ventilated apartments. We may also conclude that the filth which promotes the spread of infectious diseases is specific filth, and hence the necessity of removing all filth is that thereby we are sure to remove the specific filth, or that which contains the germs of infectious disease. The point which the

author desires to emphasize is, not that the removal of filth should in the least degree be discouraged, but that, when done, it should be done intelligently, and with this principle in view: that filth is a condition rather than a cause; that it is the soil for the culture and transmission of infection, and not the infection itself; and just so far as the principle of infection is deprived of proper soil, so far is one of the most important conditions of its growth and propagation removed. In the field of sanitation, the careful watching for and providing against the introduction of infectious disease, the isolation of the sick, the disinfection of houses, clothing and other associated material, are as essential as the removal of that other condition to which attention has especially been directed.—

Med. Record.

What can be Done to Save the Eves During School Life? Dr. E. Jackson answers this question in the American Lancet: 1st. The lighting of the work.—So long as languages are taught with grammars and lexicons, exercises to read and exercises to write: so long as mathematical demonstrations and calculations have to be traced out on slate and paper; so long as natural history furnishes objects for minute inspection, to supplement text-book studies; in a word, so long as that part of education which is obtained through school life demands the unremitting application of the powers of vision, the paramount question in the location and planning of every school building should be, where and how can be obtained the best possible light for every pupil? But even where this requirement is met in the building, and still more where it has been ignored, there is need of constant supervision of the illumination. The adjustment of shades, the arrangement of seats for various exercises, or for exercises at various times of day, the especial favoring of those whose limits of endurance are comparatively narrow, the suspension of certain exercises, or the resort to artificial illumination at dark hours or on gloomy days, demand constant watchful, intelligent care.

2d. The prevention or correction of faulty methods of using the eyes.—This includes the care of the general position of the body; the position of the head and eyes and book, frequent relaxing of the accommodation and convergence by looking off from near work into distance; the arrangement of hours to avoid the excessive continuance of any one kind of effort, and care not to make great requirements of the eyes during periods of general

exhaustion or lowered nutrition.

3d. The use of glasses, including the recognition and careful measurement of ametropia or heterophoria, with their proper correction or treatment; and the study and management of cases of special weakness of accommodation and convergence.

4th. The adaptation of the size of print or other objects looked at, to the visual power of the individual.—Remembering that the work attempted must be strictly confined within those individual limits, no matter how narrow they may be, it may be well to note here that it lessens the brain effort of application to have the retinal image large and vivid, as well as distinct. It is this temptation to render the task easier for the attention, though harder for the accommodation and convergence, that prompts children to hold the book or other object excessively near. So it is important, especially for young children, to give a retinal image much larger than is necessary for distinct vision at the working distance. There is great physiological reason for the large type of hornbook and primer.

5th. The care of the general nutrition and health.—It should never be forgotten that the visual apparatus is a part of the body, influencing and influenced by all other parts, and suffer-

ing with them from external injurious influences.

A consideration of these requirements that are to be met shows that, in the matters of lighting, the avoidance of vicious methods of using the eyes, the selection of properly-printed books, the teaching the children to write letters and figures of good size, and the recognition of the individual limits of endurance, there is need of the constant intelligent supervision of each individual school and scholar.





Vol. V.

MAY, 1891.

No. 5.

Editor-J. F. WINN, M. D.-Proprietor.

ALL ARTICLES must be short and practical, and, when possible, authors are requested not to ex-

ceed 1000 words.
The EDITOR is not responsible for the opinions of authors.
PRIVATE LETTERS to the editor must not be written on the sheets which contain your article intended for publication.

Subscriptions may begin at any date. It is better to start with the year.

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Revelations from Medical Examining Boards.

On a former occasion we published some of the ridiculous answers given the Medical Examining Board of Virginia by applicants for license in this State. They were bad enough; but we give below some examples taken from the Northwestern Lancet which were copied verbatim from several examination papers belonging to the Board of Medical Examiners of the State of Minnesota. As the Lancet says:

"Bad spelling does not in itself imply ignorance of medical matters, but it is noticeable in the examinations that gross illiteracy is usually coupled with such an entire lack of knowledge of the most elementary things in medicine, that no matter how quick-witted a man might be or how much knack he might have at reading and understanding human nature, he could not possibly draw sound conclusions from the false premises with which he must start."

The following are the answers:

"The scrofulous diathesis is known by a peculiar greasy exudation from the axilla or inside of the thighs, possibly behind the ears; has a sour, fetid strong smelling odor."

"Symptoms of cardiac dilatation—a dull pain at pit of the stomach and a feeling of water in the bouls and gasses in the bouls, ematiation, anema, loss of flesh. Treatment, put patient on milk diet and give rectal onemia of pepsonical food, and a

nerve tonic to tone up the system."

"Eclampsia Or purpeal Convulsions is caused by the introduction of bactria or septic matters in to the systom. Symptoms high temperature slow and weak heart quick pulse sevr thirst cold and clamy sweth convulsions followed by coma and deth. Treatment Utrin dush abate the feaver Achonite or Quine morphine for the pain warm sooding drinks."

"Hepatitis is an inflammation of the kidneys."
"Salpyngitis is an inflammation of the veins."

"Perityphlitis is an inflammation of the perineum."
"Epididymitis is an inflammation of the scrotum."

"The testicle is a cartilaginous growth which is harder in some places than in others."

"Symptoms of typoid fever—the patient has a tongue hea-

vily fured putrid offensive; head feels scattered about."

"Symptoms of concussion of spine—hear we have the bodies of the vetbra crushed to gither and a parcial dislocation of some of them. The patient would suffer from parylis of the lower extremities. If the concussion was in the lumbar vertra the patient losse controle of the svinctar of the bladder and recktom."

Would anyone suppose that such nonsense could be written by men holding the authority of a medical college to practice medicine! Other examples might be quoted, but we think that such as we have selected are sufficient to convince even its worst opponent of the utility of a first-class medical examining board.

The International Clinics-

Referred to in our last issue has come to hand, and abundantly fulfills every promise made by the publishers. The first volume contains no less than thirty-six clinical lectures, covering the fields of medicine, surgery, gynecology, pediatrics, neurology, dermatology, laryngology, ophthalmology and otology. The clinical wards represented are found in New York, Philadelphia, Boston, Chicago, Buffalo, Cincinnati, Balti-

more, Atlanta, London, Manchester, Glasgow, Montreal and other cities. Such clinical teachers as Weir Mitchell, Goodell, Keen, Parvin, Gray, Mills, Chisolm, Parkes, Byford, Buck, Shattuck, Loomis, Heath and Finlayson are found among the contributors.

The purpose of the Lippincotts is to give the cream of practical medicine, and to give those unable to avail themselves of such teaching the benefit of post-graduate instruction in the best manner possible in book form.

We note the names of more than two hundred contributors who have promised their support for the present year, and among them the names of Dr. Hunter McGuire, of this city, and Professor W. C. Dabney, of the University of Virginia.

The International Clinics is sold by subscription only, the price of each quarterly volume being \$2.75 cloth and \$3 half leather.

The Long Island College Hospital of Brooklyn-

Announces that hereafter the regular course of lectures will be six months in duration, and that three courses of lectures will in future be required for graduation. Joshua M. Van Cott, Jr., M. D., has been appointed Professor of Histology and Pathological Anatomy, vice Frank Ferguson, M. D., who has resigned. The medical class of the present year numbered 250; the graduating class 82.

Dr. J. C. Culbertson-

So long and favorably known as the editor of the Cincinnati Lancet-Clinic, has been unanimously elected by the trustees editor of the Journal of the American Medical Association. Dr. Culbertson will also act as business manager; and in this dual position the friends of the Journal may be assured that its interests have been entrusted to one who is eminently qualified by long experience to perform the duties required of him. Dr. Culbertson is a vigorous and prudent editor.

Dr. Edward A. Ayers-

We are pleased to note, has been elected to the professorship of Obstetrics in the New York Polyclinic. This school is to be congratulated on the acquisition of so elegant a gentleman and accomplished accoucheur.

Pepsin-

Is undoubtedly one of the most valuable digestive agents of our materia medica, provided a good article is used. Robinson's Lime Juice and Pepsin (see page 19 this number) we can recommend as such. The fact that the manufacturers of this palatable preparation use the purest and best pepsin on the American market, and that every lot made by them is carefully tested before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from pepsin.

Lacto-Preparata.

The profession is indebted to the enterprising firm of Messrs. Reed & Carnrick for putting on the market what we believe to be the best substitute for mother's milk ever produced—Lacto-Preparata. It is made from the purest cow's milk and has no cereals in any form. The milk is first sterilized at a temperature of 190° F., at which point all possible germs are destroyed. The process is then completed in vacuo at such a reduced temperature as will avoid the conversion of soluble into insoluble albumen, and preserve the casein from passing into an insoluble or indigestible state. Indeed, it is the ideal food for infants under seven months of age when mother's milk cannot be had. When the child is older than seven months, then "Carnrick's Soluble Food" is the proper thing. This contains two-thirds of Lacto-Preparata and one-third dextrinized wheat. If you have never used them, obtain a small quantity and test them for yourself. Dissolve the Lacto-Preparata in lukewarm water in the proportions recommended, and see if it does not approach human milk in composition and taste more nearly than any other food preparation.

We have been led to these remarks after a careful examination and clinical test of these most excellent foods, and if some little patients in the practice of our readers shall be benefited our object will have been attained.

Dr. I. S. Stone.

We are in receipt of the Announcement containing the bylaws and regulations of the Columbia Hospital for Women and Lying-in Asylum of Washington, D. C. On its visiting staff of gynecologists we note the name of Dr. I. S. Stone, who, until very recently, was a resident of Virginia. This compliments so richly deserved, will be appreciated by the friends of Dr. Stone, than whom no member of the Medical Society of Virginia has a greater number. The opportunities for the study and practice of his specialty both in this country and in Europe have been unsurpassed; and we feel sure that the Columbia Hospital could not have secured a more scientific, skillful and successful gynecologist.

THE Summer School of Medicine of the University of Virginia will open with a fine class.

Editor's Library Table.

Fever: Its Pathology and Treatment by Antipyretics. By HOBART AMORY HARE, M. D., B. Sc., Clinical Professor Diseases of Children and Demonstrator of Therapeutics in University of Pennsylvania, etc. [More recently elected to succeed Professor Bartholow in the Jefferson Medical College, Philadelphia.—Editor.] F. A. Davis, publisher, Philadelphia, Pa. Price, \$1.25 net.

This book, comprising 162 pages, is an essay which was awarded the Boylston prize of Harvard University, July, 1890.

The bibliography is extensive, and Dr. Hare has sifted well everything that has been written on this subject. A clear conception of this mass of material is best obtained from the author's conclusions based upon his studies and experience: "That antipyrin stands to-day foremost in the ranks of the antipyretics, with antifebrin next, while thallin and phenacetine follow, with, perhaps, a preference for the latter. conclusions are in regard to the reduction of fever. In pain the arrangement should be somewhat changed. Antipyrin still takes the lead, but phenacetine is quite as useful an analgesic as antifebrin, but seems more safe. Thallin possesses hardly any such power." He finally says that all antipyretic drugs are attended with more or less depression and advnamia, which contra-indicate their use, although exceptions to this rule do occur. For wide-spread application, to be put in the hands of the inexperienced, to be efficacious and yet quite harmless, he believes cold sponging is the antipyretic remedy par excellence, "but even this must be used carefully and with intelligent ideas of its objects and results."

Diabetes: Its Causes, Symptoms and Treatment. By Chas. W. Purdy, M. D., Hon. Fellow of the Royal College of Physicians and Surgeons, Kingston, etc. F. A. Davis, Publisher, Phila., Pa. Price, \$1.25 net.

This book, we are told in the preface, gives the present status of our knowledge on the subject of diabetes mellitus. The bibliography is indeed exhaustive, which, added to the author's extensive personal experience, makes the volume of inestimable value. Diet is given the prominence it deserves, and we note the author's comments on the so-called "Diabetic flours" on the market. He does not hesitate to say that such brands are "a snare and a delusion," since he has found by analysis that those from which the starch is claimed to have been extracted (or nearly so) do actually contain from 30 to 70 per cent. of that article. He advises that the patient's ordinary flour be

used by curtailing the amount first to one-half or less, according as the amount of sugar is reduced. His experience is that if the patient cannot assimilate one-half to one-quarter the usual amount of ordinary bread—two or three ounces daily—without excreting sugar in the urine, he cannot assimilate any substitute therefor. Dr. Purdy's book strikes us as being eminently practical.

The Mother's Hand-Book: A Practical Treatise on the Management of Children in Health and Disease. With an Appendix containing articles on diseases and accidents that may suddenly happen to grown persons. By LEVIN J. WOOLLEN, M. D. Published by EVERETT WADDEY Co., Richmond, Va.

The title of this book gives a general idea of its scope, but its utility is better appreciated by an examination of its contents. The author does not endeavor to make every mother her own doctor, but on the contrary discourages her from assuming the functions of the physician and undertaking, by means of drugs, the treatment of diseases. The real object of this timely book is to acquaint those having the responsibility of rearing children with the general management of those ailments which, if recognized early enough, may save much discomfort, particularly when the physician, as so often happens in country districts, is not within reach. Especially is this true of accidents and emergencies, such as poisons, hemorrhages, fractures, etc.

The instruction given to the expectant mother is valuable, and, if observed, must inure to the comfort of not only herself, but to the general good of her offspring as well. The chapters on "Pregnancy" and "Confinement" are alone worth many times the price of the book to every mother, who should know how to provide for her own comfort, as well as to fortify herself against the gratuitous advice, born of ignorance, arrogance and superstition, so often given by meddlesome midwives and nurses.

The same might be said of the chapter on the "Nursing and Feeding of Infants"; and so it is all through the book, we find experience and common sense not unmixed with judicious and scientific teaching. In a word, it is a book that every doctor can safely recommend to the mothers under his care, if he would have their more intelligent coöperation in his management of those ills that come to every household.

Practical Points in the Management of the Diseases of Children. By I. N. Love, M. D., Professor Diseases of Children, Clinical Medicine and Hygiene, Marion-Sims College of Medicine, St. Louis, etc., etc. George S. Davis, publisher, Detroit, Mich.

Those who already know something of the magnetism and force of Dr. Love's writings scarcely need to be reminded that this number of the Leisure Library Series is brimming full of those practical suggestions told in the author's own way. To say that Love's way is a good way tells it all. This, like all single copies of this Series, is only 25 cents, paper binding.

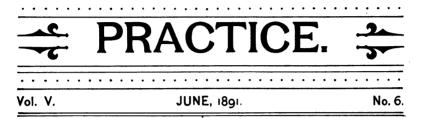
Practical Notes on Urinary Analysis. By W. B. CANFIELD, A. M., M. D., Chief of Chest Clinic and Lecturer on Clinical Medicine in University of Maryland. George S. Davis, publisher, Detroit, Mich.

This is another book belonging to Mr. Davis' practical Leisure Library Series, all of which are so good it is difficult to discriminate between them, covering as they do the different fields of practice. If one has not time to search more elaborate manuals he will find in these "Notes" tried and reliable tests for urinary analysis; and since the price is only 25 cents for a single copy it will have, no doubt, an extensive sale.

The Pocket Materia Medica and Therapeutics; a Resume of the Action and Doses of All Officinal and Non officinal Drugs Now in Common Use. By C. Henri Leonard, A. M., M. D., Professor of Medical and Surgical Diseases of Women and Clinical

Gynecology in the Detroit College of Medicine. Cloth, 12mo, 300 pages; price, postpaid, \$1. THE ILLUSTRATED MEDICAL JOURNAL COMPANY, publishers, Detroit.

This volume, so the preface informs us, has been in preparation for the past four years. The drugs of as late introduction as 1891 are to be found in its pages. The author claims to have incorporated everything of merit, whether officinal or non-officinal, that could be found either in standard works or from many manufacturers' catalogues. The scheme embraces the Pronunciation, Officinal or Non-officinal indication (shown by an *), Genitive Case-ending, Common Name, Dose and Metric Dose. Then the Synonyms, English, French and German. If a Plant, the Part Used, Habitat, Natural Order, and Description of Plant and Flowers, with its Alkaloids, if any. If a Mineral, its Chemical Symbol, Atomic Weight, looks, taste and how found, and its peculiarities. Then the Action and Uses of the Drug, its Antagonists, Incompatibles, Synergists and Then follow its Officinal and Non-officinal preparations, with their Medium and Maximum Doses, based, as far as possible, upon the last United States Dispensatory. Altogether, it is a handy volume for either the physician, student or druggist, and will be frequently appealed to if in one's possession.



Original Department.

THE EARLY RECOGNITION OF DISEASED BONE.

BY

GEORGE BEN. JOHNSTON, M. D.,

RICHMOND, VA.*

I wish to call attention to the necessity for a careful examination and an early recognition of diseased bone. Inflammatory changes begin so insidiously, in many cases, that it is difficult early to ascertain the true nature of the trouble. But in other cases the symptoms are so significant that only the most ignorant can be excused for a failure to recognize the involvement of bone tissue. The young are especially liable to these osteal inflammations; and we should look carefully to this in any exposed bones, notably shin and lower jaw. The shin is particularly interesting. It requires a very slight blow in a young person of a scrofulous diathesis to produce a periostitis, and unless this is promptly and properly treated pus will form and dissect up the periosteum, ostitis will follow, and the bone will be irremediably damaged. But all this may be averted by an incision suffi-

^{*}Remarks before the Richmond Academy of Medicine and Surgery, May 5th, 1891.

ciently free to permit the escape of the burrowing pus, but, unfortunately, this condition is frequently mistaken for rheumatism, for "growing pains," or something else equally misleading, and the patient is temporized with or subjected to a course of treatment that utterly fails to avert the impending injury to the bone. When we see this occurring frequently it behooves us to warn the general practitioner (rather than the surgeon) to seek advice when in doubt.

Recently I was asked to see a seven-years-old child with what the father said was a "dew sore" on his leg. The limb was swollen from the ankle to the knee, with three open sores discharging pus and surrounded by those peculiar granulations that are familiar to us as overlying diseased bone. Upon introducing a probe its point impinged against the roughened surface of bone denuded of its periosteum. Further exploration, facilitated by means of a free incision, discovered the shaft of the tibia diseased throughout its entire length, the periosteum being completely detached therefrom, but neither joint was as vet involved. The shaft of the bone was subsequently removed, the wound closed and dressed antiseptically, and a fenestrated plaster of paris stocking applied, with a trap-door over the line of incision. Finally the wound healed satisfactorily, and with the assistance of a mechanical appliance that is intended to take the place of the absent tibia, the child gets along very well. The fibula was in perfect condition, and very little shortening followed the operation.

Another case, seen many years ago, was reputed to be a case of rheumatism. The thigh was enormously swollen, and fluctuated like an india-rubber water-bottle. A bistoury was thrust into the thigh, giving egress to an enormous amount of pus. As far as could be ascertained by the examination then made the femur seemed but little diseased. The patient was put on expectant treatment until, on turning over to urinate one morning, his femur snapped in two! He was then brought to the "Retreat for the Sick" in this city and his thigh amputated on a level with the perinæum.

Still another case resulted from being struck by a rock about the middle of the thigh. For four or five days there was no pain or obvious injury. Then some slight discomfort, that was thought to be "growing pains," then a tumor appeared, and finally, when advice was sought, it was discovered that pus had formed and accumulated beneath the periosteum. This case also ultimately resulted in an operation.

In conclusion, I would call attention to the obvious moral to be derived from a consideration of these and similar cases, viz.: The necessity for an active realization of the dangers incident to injuries that may result in inflammation of the periosteum and destruction of the underlying bone, and an early recognition and prompt evacuation of accumulations of pus beneath the periosteum.

SOME PRACTICAL POINTS IN ABDOMINAL SURGERY.

BY

JNO. H. McINTYRE, A. M., M. D.,

ST. LOUIS, MO.*

In my opinion any "point" or suggestion which diminishes the risk to life after laparotomy is an important one.

The first point to which I call your attention is that of anæsthetics, the safest and best of which is bi-chloride of methylene used in Junker's inhaler. I have used it in laparotomy work for the past ten years without a single untoward symptom and with the greatest satisfaction, and upon many occasions have put it to as severe a test as it is possible to put an anæsthetic.

By its use anasthesia cannot only be promptly induced, but safely maintained for any desirable length of time, and it is rarely followed by any nausea and vomiting.

By the use of the inhaler of Junker overdosing is next to impossible; in reality the patient takes inspired air charged with the vapor of bi-chloride of methylene, and it is surpris-

^{*}Read before the State Medical Association of Missouri, Excelsior Springs, Mo., May 21st, 1891.

ing what a small quantity is required in doing a prolonged operation.

Short incisions constitute another point of excellence, and should never be extended beyond the point of necessity in removing a growth of given size without bruising the tissues. In removing the ovaries or fallopian tubes, or both, it is rarely that the ventral incision need be over two inches in extent.

In dealing with adhesions perseverance by well-directed effort will always succeed; remembering, however, that violence is always harmful, and the necessary force should be that of gentle momentum.

Intestinal adhesions should be separated as far from the gut as possible, for by so doing the danger of hemorrhage is much lessened; they should be carefully examined afterward, as the placing of a Lembert suture in the proper place at the opportune moment will prevent the mortification of a future fecal fistula.

In the management of the pedicle I always use the Japanese cable silk, transfixing and tying the ordinary surgical knot, when dealing with large tumors; for removal of the appendages I am partial to the Staffordshire knot of Tait.

"When in doubt" I always drain and prefer the Keith tube to all others, and am a thorough believer in flushing the abdomen with a large quantity of hot distilled water; it is marvelous sometimes to see how many blood clots can thus be washed out, even after careful sponging—besides, it is one of the best methods of relieving shock.

Closure of ventral wound can thus be done with silk-worm gut; it is the ideal suture, as it is round, smooth, and very strong, and can be rendered perfectly aseptic. As it is rather stiff it should be steeped for a few hours before using in a solution of some kind, so that it can be tied tightly. It should be threaded at each end upon straight or slightly curved veterinary needles. The needle being held in the grasp of the Spencer-Wells needle-holder, should be passed from within outward, always including the peritoneum. Sutures should be

placed five or six to the inch. The frequent cause of ventral hernia following abdominal section is an insufficient number of sutures.

For the first twenty-four hours nothing should be taken into the stomach, except a little hot water; bits of ice chewed or swallowed do not relieve thirst. The second day a little barley water may be allowed, and on the third day she can be promoted to a chicken wing, when afterwards, if everything goes well, almost any light diet may be allowed.

When pain is present I use but little morphia, on account of its tendency to arrest secretions, and thereby prevent the elimination of morbid material, but in its stead, for more than a year past, have used antikamnia with happy effect. It soothes and tranquilizes, and lessens the tendency to rise of temperature.

Stitch-hole sinuses can best be obviated by early removal of the sutures. It is rarely that I allow sutures to remain in the ventral wound longer than the eighth day, and I often remove them as early as the sixth.

He who essays to do abdominal and pelvic operations should by previous observation and training be so fitted for his work that when he comes into "action" he will be "ready for anything and surprised at nothing."

The best place in which to obtain the highest grade of success is not in large general hospitals, neither is it in "the cottage by the wayside," but in a small especially prepared establishment under the absolute control of experienced management.

614 Olive street.

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month.]

Nasal Obstruction.—At a recent meeting of the Medical and Surgical Society of Baltimore, Dr. John N. Mackenzie urged more careful attention to the nose than it receives, in combating different abnormal conditions. Respiration should

be through the nose, and should be unobstructed. If it is not, the cause of the obstruction should be found and removed. Sir Morrel Mackenzie thought that the so-called American catarrh is due to dust in the air; the author is of the opinion that our sudden changes of temperature are at least as much to blame. They both act by inducing congestion of the nasal erectile tissue, and finally hypertrophy and obstruction by continued irritation. Mouth breathing is the cause of different forms of damage to the respiratory tract; the inspired air being cold and filled with impurities. In order to fulfill their function the eustachian tubes require nasal respiration. Obstruction in the nasal cavity will cause obstruction in them, interfering with the admission of air to the middle ear, and inducing middle-ear disease. Different affections of the eye may also be traced to the same source.

The Use of Astringents in Eye Diseases.—According to Dr. J. J. Chisholm (Maryland Medical Journal), when you have made the diagnosis sure, and you have a case of conjunctivitis to treat, if it be a mild case, restrict your applications to the mild astringent, of which borax, grs. x to 3j, is the type. When more redness, grittiness and secretion is visible use sulphate of zinc, never exceeding gr. j to 3j of water, three or four times a day. In the more severe cases, accompanied with muco-purulent secretion, in more or less abundance, use yourself, in the eyes, once a day, nitrate of silver solution, grs. v. to 3j of distilled water. Never give this to a patient for home use; while you are daily instilling the caustic solution yourself, let the patient have a mild astringent for more frequent application at his home.

Î have said nothing of boric acid solutions, so extensively used by some. It possesses no astringent properties. In the treatment of conjunctivitis, in my hands at least, it has been inert as rose-water, to which the world attributes so much virtue as an eye application. There is no question about its safety and its innocence as an eye-drop, to which I will add a third quality, its usefulness, unless you prescribe it as a

placebo.

Results of a Study of Twenty-eight Cases of Appendicitis.—Dr. George Fowler, of Brooklyn, concludes a paper in the *Brooklyn Medical Journal* thus: My judgment is that in all cases in which inflammatory conditions referable to the appendix vermiformis are present, extreme danger to life exists;

whether the simple catarrhal variety of the disease, or impacted fæcal matter, or the condition be due to the extension of some inflammatory condition occurring in the neighborhood of the cæcum. The great majority of these cases will perish, in my opinion, unless operative interference is carried out. The exceptional cases in which recovery without operation has taken place, have probably led to the death of a very considerable number of other patients who should have been operated upon and saved.

The question of early exploratory laparotomy is an important one, and, I believe, will be a source of greater concern to the attending physician and operating surgeon than any other feature of the case. Bearing in mind my own cases, in which early operation was indicated and refused, and in which death occurred,-and, on the other hand, the good results which in other cases have followed operative interference,—and again, the fact that some of these were cases denominated of the mild type, which would ordinarily have been relegated to purely medical treatment, and in which the operation disclosed a most desperate condition of affairs, I believe that early operative interference is indicated. In the majority of cases this will reveal conditions which fully justify the procedure. The cases in which recovery ensues after the disease is well under way are exceedingly rare. In my judgment the surgeon would be justified in opening the abdominal cavity and making an exploration of the right iliac fossa in doubtful cases, determining as a result of that exploration whether or not further interference be indicated.

No Injections for Gonorrhæa.—According to the New York correspondent of the Southern Medical Record, Dr. John A. Wyeth deprecates the employment of injections of any kind in gonorrhæa, and says that they generally do more harm than good. He recommends the use of the oil of gaulthesia, in six drops doses, three times a day, as a more efficient and safer remedy for acute urethritis than any other preparation generally advised for that purpose. The common practice of placing a piece of lint or absorbent cotton over the meatus is wrong in practice, as it interferes with the free drainage, and brings the acrid discharges from the urethra in direct contact with the glands and prepuce. A bag of oiled silk or an ordinary cloth should be made large enough to fit loosely over the penis, and held in place by strings which pass up to a belt worn around the waist.

The Best Treatment for Early Stages of Syphilis.—Dr. R. W. Taylor, of New York (Southern Medical Record), in a recent lecture on the treatment of syphilis, says that there is no drug which in his experience has been so efficacious during the early stages of syphilis as the protoiode of mercury, but there is a limit to the use of this remedy. It is advisable to give it for the first month or two, and then to use inunctions of the mercurial ointment. The blue pill, in the treatment of this affection, he considers the most uncertain and capricious remedy that could be employed. When pushed it will produce salivation as rapidly as possible, but when it is acting blandly, it is doing no good at all. In case inunctions should not agree with the patient, he says he has found a sovereign remedy in the injections of the bichloride of mercury. He has been employing this method for over twenty-three years, and he has secured the very best results from the use of these injections. Speaking of the curability of syphilis, he says the keynote to the treatment of this affection is in pushing the mercurials during the first year of the disease, and that he can look back time and again and see children grow up to puberty vigorous and healthy, both mentally and physically, whose fathers he had at one time treated for syphilis. The reason why some patients remain uncured of this affection, is because of the difficulty in keeping them under observation and treatment for the required length of time, which is at least two years.

Treatment of Sinuses following Amputations.—Dr. Carter S. Cole, of New York, advises, in Gaillard's Medical Journal, thorough curetting of this sinus and the diseased bone, if any, at the end of it, followed by light packing with iodoform or any antiseptic absorbent gauze would be a good initial step. If unsuccessful the probability is that there is more disease of the bone than can be reached through the sinus, and the end of the bone (or bones) must be fully exposed, preferably by an incision taking out the whole cicatrix. If the sinus is one of long standing and has already given considerable trouble we may avoid delay by adopting this measure from the outset. Then, all cicatrical tissue in the stump and all of the bony fragments in the under surface of the stripped up periosteum must be carefully trimmed out with scissors. Firm pressure with gauze dressings or with a sponge rung out of a hot carbolic solution (one per cent.) is a valuable adjunct (more particularly in breast cases). Every effort should be made not to leave to the tissues the disposition of any little fragments of bone. Thorough drainage with a full-sized tube should be provided for the first few days, and afterwards light gauze packing will answer. The same precautions and details should be followed that would be indicated for an original amputation, and if these measures be carefully, antiseptically and fearlessly followed out, the result will almost certainly be satisfactory.

The Antiseptic Treatment of Typhoid Fever.—Dr. I. Burney Yeo delivered a recent lecture at the King's College Hospital in which the administration of quinine formed a large part of the treatment. He believes with Murchison, that it is a general antiseptic. He combines it with free chlorine which latter "is the most useful of all antiseptic remedies." His method is as follows:

"Into a twelve-ounce bottle put thirty grains of powdered potassic chlorate, and pour on it forty minims of strong hydrochloric acid. Chlorine gas is at once rapidly liberated. Fit a cork into the mouth of the bottle, and keep it closed until it has become filled with the greenish yellow gas. Then pour water into the bottle, little by little, closing the bottle, and well shaking at each addition until the bottle is filled. then have a solution of free chlorine, together with some undecomposed chlorate of potash and hydrochloric acid, and probably one or two bye products. I greatly prefer this preparation of chlorine to the liquor chlori of the British Pharmacopæia; it is much pleasanter to take, and I have had much better results with it. To twelve ounces of this solution for an adult I add twenty-four or thirty-six grains of quinine, and an ounce of syrup of orange peel, and I give an ounce every two, three, or four hours, according to the severity of the case—that will be from twelve to thirty-six grains of quinine in the twentyfour hours according to the case. I have for some years past treated all my typhoid fever cases, except the very mild ones, which have not appeared to me to require any active medical treatment, on this system. They have not been very numerous, but they have been consecutive cases, and they have all done well.

"In giving this mixture to a typhoid fever patient one of the first results you will notice is a remarkable cleaning of the tongue; you will rarely if ever find a dry, dirty, thickly-coated tongue in a patient who has been early put on this mixture. Another most important change has been noticed again and again, and reported to me by the nursing sisters in our hospital; it is that the fetor of the evacuation, which have often

been very offensive, will usually disappear within twenty-four to forty-eight hours of the commencement of this treat-Now this appears to me to be a very interesting and important point. We should expect that this mixture would be wholly absorbed in the stomach, and that it would not reach the lower part of the small intestine directly. Yet it certainly exerts an antiseptic action on the intestinal contents. not be that it exerts its antiseptic influence in the blood and there encounters and neutralizes some septic substances generated by the typhoid bacillus so that the excretions into the intestines are modified, and so an antiseptic effect on the intestinal contents are produced? In this way we not only obtain intestinal but also a general antisepsis. Numerous cases have enabled us to observe the following effects as resulting from this treatment:—1. A modification and sustained depression of the febrile temperature. 2. An abbreviation of the average course of the fever. 3. A remarkable maintenance of the physical strength and intellectual clearness of the patient, so that there has been far less need of stimulants. 4. A greater power of assimilating food. 5. A remarkable cleaning of the tongue. 6. A deodorization of the evacuations. 7. A more rapid and complete convalescence."

A New Method of Inducing Premature Labor.—Dr. Schrader, of Hamburg, has published a method of inducing premature labor based on his observation that cold is a greater excitant of the nervous, and consequently also of the muscular, system than warmth. Continuous irrigation at the temperature of 45° F. is impracticable on account of the pain it causes, but a cold douche alternating with a warm one can be borne. Dr. Schrader connects a vaginal glass tube by means of a T-shaped piece and the necessary india-rubber tubes to two irrigators, one of which contains the cold and the other the warm water. By allowing now one instrument and now the other to work, cold or warm water may be sent through the vaginal tube into the vagina. Two people are required—the one to fill the irrigators, the other to work the douche. each sitting about twenty-four litres of cold and half the quantity of warm water at 112° F. are required, and the douche has a fall of about one metre and a half. The irrigation begins with the warm current, and before the cold water is turned on pressure is made on the perineum with the vaginal tube, so as to allow all the warm water to run away from the vagina. The same plan is observed before the change from cold to warm, by

which means the alteration in the temperature as felt by the patient is always sudden. Each time about two litres of cold and half the quantity of warm water are used. The douche is generally repeated about every hour and a half until labor is active enough to make its continuance probable. Of eighteen women treated by this method exclusively, and four others who were partly so treated, one died of eclampsia twelve hours after delivery, but all the others made a good recovery. The eighteen women who were treated by the douche exclusively had twenty children, of whom fifteen, that is, seventy-five per cent., were alive. These cases required on the average ten douches and a half; in half the number three douches and a half were sufficient.—Centralblat fur Gynakologie—(Medical Record.)

Eye Diseases of the Unborn—Dr. J. J. Chisholm, in a recent paper in the Maryland Medical Journal, shows from a long list of eye faults and diseases that the unborn babe is not at all safe from eye troubles in its incarceration. In fact, there are very few of the eye diseases seen after birth that it is not liable to. If to the list of intra-uterine diseases is added those of the conjunctiva acquired in its passage through the vagina in the act of being born, then, with few exceptions, the list of eye diseases of the unborn absorb nearly the entire category of opthalmic affections found in the adult human race. This is a condition that would stagger belief, were it not substantiated by positive evidence, as seen in hospital practice.

The Present Status of the Treatment of Urinary Calculus.—Every few years we find the practice in any particular form of disease undergoes radical changes, so that the methods in vogue in the near past are almost entirely superseded by newer and more modern ones; or, possibly, the profession reverts to an operation largely practiced in the past, one which has remained quiescent for a number of years, only to be again brought forward.

In regard to the affection under consideration, the modern (present day) sentiment appears to be as follows:

1. Wherever possible, resort to litholapaxy.

2. If litholapaxy is contra-indicated by a sacculated bladder, a high degree of cystitis, stricture of the urethra, or an irritable, contracted bladder, one of the cutting operations must be performed.

3. If the stone is not very large and can be extracted by that

method, the median perineal method is preferred.

4. If the stone is very large, or if there is reason to suspect the co-existence of tumors of the bladder, or any reason calling for a complete exploration of the interior of the bladder, resort should be had to supra-pubic cystotomy.

5. The existence of cystitis, or other necessity for drainage of

the bladder, calls for the lateral operation.

From the above summary it at once becomes evident that the range of lateral lithotomy has been largely curtailed, while that of litholapaxy has been wonderfully increased. In fact, the crushing operation is now almost universally recognized as the operation of choice whenever possible. The grounds upon which this decision rests are that the crushing operation is less risky; it is applicable to all ages; the time of convalescence is very short compared with the other operations, and the mortality is much lower.

The chief objection against litholapaxy is the possibility of leaving some fragment of the stone in the bladder, to act as a nucleus for a new stone. This oversight has frequently occurred; but the fragment has always been detected early, and

is easily removed by reintroducing the lithotrite.

The dangers and difficulties of the median operation are usually slight, but its range of successful application is limited. The time necessary for the healing of the wound is an objection.

Supra-pubic cystotomy is somewhat difficult of performance, more paraphernalia are required, and the dangers of complications are perhaps greater than those of any other operation for

the relief of this trouble.

At present the tendency is to almost entirely banish lateral lithotomy from the list of surgical procedures applicable to this affection, preference being given to either the median or supra-pubic operation. Time only can determine whether this condition of affairs will continue or not. Some surgeons still cling to the lateral incision, and are loth to discard it. To sum the whole matter in a few words, this is an age of litholapaxy.

When Shall We Induce Premature Labor in Albuminuria of Pregnancy?—This question is answered by Dr. E. H. Richardson, of Atlanta, in the Southern Medical Record. He says: "In all cases of pregnancy, whenever albumen in the urine is persistently found in large quantities, with or without the

presence of any variety of casts, and not yielding promptly to treatment, whenever decided symptoms of profound uraema appear, and continue unabated, then I unqualifiedly recommend and advise, as the safest course to be pursued in the interest of the mother, the induction of premature labor. In the face of the facts, argument that under medical treatment cases of eclampsia may occur and terminate in safe delivery at full term counts for naught when it is remembered that these are exceptional cases, and not the rule. In more than fifty per cent. of the cases, the lives of the children are sacrified as the result of the circulation of urea in the maternal blood, and with the restrictions here mentioned the question of preserving the life of the fætus should not be taken into consideration. But the question of imperative importance, and paramount to that of all others, is by what method of treatment can we save the greatest number of lives of mothers when imperiled by the malady so much dreaded by all obstetricians.

I do not advocate the interruption of gestation for the acute albuminuria of pregnancy, for I am aware that perhaps in the majority of the mild cases of albuminuria occurring during pregnancy they may be safely carried to the end of utero-gestation. For the albuminuria of such cases remedies must be directed to the relief of the kidney insufficiency, and the list of therapeutic agents that have been used with varying degrees of success is a long one. If casts are present in the urine, the patient should be confined to bed and placed upon a milk diet. Benzoic acid, digitalis, acetate of potassium, coupled with diaphoretics and aperients, have all been used and sanctioned by high authority. Dr. H. V. M. Miller, of this city, has for a number of years treated the albuminuria accompanying pregnancy by the internal use of chloroform, giving from ten to twenty drops every six or eight hours, according to the urgency of the symp-His own testimony, and that of a large number of his followers in this section, is unbroken in praise of the efficacy of this method of treatment. The disappearance of the albumen from the urine during treatment attests the virtue of the treatment.

Sulpho-Carbolate Zinc as an Intestinal Antiseptic.—Dr. W. F. Waugh, in a paper in the *Times-Register*, thus speaks of this agent: "In the sulpho-carbolate of zinc we have an agent that is singularly free from objectionable qualities. It is inodorous, almost tasteless, easily retained by a delicate stomach, and the most powerful antiseptic I ever introduced into the alimentary

canal. I have given 5 grains every two hours for weeks, without noting any ill-effects. Much less than this suffices to fully disinfect the intestinal canal; in fact, 2 grains every four hours will usually deprive the stools of all unpleasant odor. I gave the drug only in powder, with an equal quantity of bismuth; but latterly I have been using a keratin-coated pill. This keratin-coating was introduced by Unna, who claimed that this substance is insoluble in the gastric juice, and will thus carry the drug, undiluted, past the stomach into the intestines, where, meeting the alkaline secretions, the coating will be dissolved, and the drug exercise its full force where it is most needed. This, however, has been pretty surely disproved; and I find that acids dissolve the coating of these pills in a test-tube quite readily. The pills, however, are easily taken and fully as effectual as the remedy in powder. My rule is to give $2\frac{1}{2}$ grains every two hours, until the stools lose their offensive odor, then to continue the same dose often enough to prevent the return of the odor. I regret that I have no more scientific means of regulating the dosage; but this answers all practical purposes.

Treatment of Penetrating Wounds of the Abdomen.— Dr. Emory Lauphear, of Kansas City (Weekly Medical Review), believes:

1. All cases of penetrating gunshot wounds of the abdomen

demand laparotomy; most others also require it.

2. The operation should be done immediately after the injury if possible, so as to control bleeding before the patient is exhausted.

3. Any time within twelve hours may be regarded as the "time of selection," but the lapse of many hours or even days need not prevent operation, since death from septicæmia is like to occur.

4. A condition of collapse is not an insurmountable contra indication.

5. The existence of peritonitis demands, rather than forbids,

an operation.

6. In gunshot wounds Senn's hydrogen gas test should not be employed, as the indications are always to operate; perforation of intestine is not necessary to render the wound fatal. In other penetrating wounds the test may be employed.

7. Laparotomy is, in such cases, comparatively an insignificant operation. Any surgeon of ordinary skill ought to be able

to successfully operate.

8. In cases of emergency the operation here described can be made without an elaborate set of instruments. A success can be obtained by the use of only (a) a knife, (b) scissors, (c) needle and thread, (d) hæmostatics, and (e) good judgment.

When the operation is determined upon there is a simple way which anyone can follow, no elaborate equipment of instruments or appliances being necessary. The belly is first cleaned as thoroughly as possible and the incision made in the median line, about six inches in length, towels having been placed around, with a number lying near in hot water to surround the bowel while operating. A large sponge is introduced and the blood removed, rapid search being made for bleeding points, which are quickly grasped and all hemorrhage controlled. The finger is then thrust into the wound and a loop of intestine brought up; a small hole is made in the mesentery at a point where there is no large blood vessels and a strip of iodoform gauze tied loosely around the bowel; this is the "landmark" for determining when the whole intestine has been examined. The gut is now hurriedly slipped through the fingers and back into the belly, every inch being carefully scrutinized for perforations; after the one end has been thus hastily gone over return is made to the gauze "landmark." and the other part likewise examined. The whole length of the intestine can thus be viewed in an almost incredibly short time. If a hole be found the ragged edges are trimmed with scissors, the rent closed with the continuous silk suture (or interrupted if it be of considerable size), and the whole closed in with a Lembert suture. For the latter only the finest sewing silk is to be used with an ordinary cambric needle—a surgeon's needle is carried only through the serous coat, being entered a little distance away from the line of junction, brought out close to it, carried across and again buried.

Upon being pulled together and tied serosa is brought in contact with serosa and the sutures through the mucous and muscular coats are completely covered and extravasation of fæces is prevented. Recently I have been in the habit, when special haste is indicated, of making a modified Lembert stitch; the needle is introduced in the same manner, but the serous surfaces brought together at once and the thread tied; then, while the serosa is pinched up together by the fingers, the needle is re-entered and passed back across, turned, re-introduced and again brought across, and so on, making a "back and forth" continuous suture, instead of the "over and over" continuous stitch usually made elsewhere. This "continuous

Lembert suture" holds the serous coats in apposition just as well as does the interrupted, if it be carefully made and tied here and there if it be very long. These sutures should be eight or ten to the inch.

Indications for Trephining.—John B. Deaver, in the Annals of Surgery, gives the following indications for trephining:

1. Simple depressed fracture with or without brain symp-

oms.

- 2. Compound depressed fracture with or without brain symptoms.
- 3. Impacted fracture, simple or compound, with or without brain symptoms.

4. Comminuted fracture, simple or compound, with or with-

out brain symptoms.

5. Compound fissured fracture with depression of bone without brain symptoms.

6. Compound fissured fracture with depression of bone with

brain symptoms.

- 7. Compound fissured fractures without depression of bone and without brain symptoms, in which there is bleeding through the fissure or fissures.
 - 8. All punctured, incised and gunshot fractures.

The Finger better than the Sound for Measuring the Uterus.—Dr. H. Marion Sims does not deem it necessary to resort to the uterine to measure the depth of the uterus. He says: By educating your fingers to the delicate sense of touch, as every physician should do, you can always arrive at a very precise diagnosis of the condition of the uterus. By means of bimanual palpation, with the index finger of one hand in the rectum and the other hand over the anterior abdominal wall, you can map out the exact position of the uterus in the pelvic cavity, its exact size, as well as the size of the ovaries and tubes. This is a much safer way than the introduction of a sound into the cavity of the uterus to determine the depth of the organ.

When to Treat Hernia in Infancy.—The age at which mechanical treatment may be begun is a question which I have found many physicians in doubt upon, and my answer to that has been almost uniformly that a child old enough to be the possessor of hernia was quite old enough to have that hernia treated.—DeGarnier, Archives of Pediatrics.

An Early Symptom of Locomotor Ataxia.—The Southern Medical Record, quoting from German journals, states that Dr. Heinrich Weiss describes ataxia in a book-keeper, whose first symptom was uncertainty in stepping backward. The importance of this initial symptom was pointed out by Althaus, in 1884, in reporting the case of a painter, who had noticed it in himself as he stepped backward from the easel to view the progress of his work.

Minor Uterine Surgery — Dr. J. M. Baldy, of Philadelphia, makes the following suggestions in a paper in the Medical News:

The Uterine Sound.—On the whole, it had been better for womankind had this instrument never been invented. For the application of the electric current it has its uses, and in an occasional case, where one is uncertain as to the connection of the uterus with a given tumor, it may possibly give some definite information. For the purpose of measuring the depth of the uterine cavity, or for locating the position of the fundus, as it is generally used, it is absolutely superfluous. Anyone who is forced to use it for these purposes, unless it be rarely exceptional cases, must confess to himself his lack of even an ordinary amount of manual dexterity. For replacing a displaced womb it is a dangerous instrument, and its use is very painful. A movable uterus can be invariably replaced by bimanual manipulation, with the patient on the back, or in the knee-chest position, with the aid of a tenaculum and a repositor. organ is adherent it no longer comes under the head of simple uterine disease, and should then be dealt with by other and safer procedures. The uterine sound may be used with perfect safety in careful hands; but, as ordinarily employed, it is capable of causing considerable traumatism, and of carrying septic material into the uterine cavity.

Dilatation.—This operation is one which has been much abused. It is capable of much good or much harm, depending upon whether it is used carefully and in suitable cases or not. Personally, I have never had any permanent bad results follow its use. On the contrary, I have seen severe dysmenorrhoea relieved and even permanently cured; in not a small proportion of cases have I observed pregnancy follow dilatation. Patients have come to me suffering from a pelvic inflammation following a dilatation performed by others, but everything pointed to the fact that the pelvic disease had existed first, and that the operation had been performed probably under a mistaken diagnosis for the relief of symptoms produced by the diseased ap-

pendages. In but one case have I had an inflammatory attack follow this operation when there was no complicating disease. In that case I made an incomplete dilatation, without ether, upon the dispensary table, in a young woman married for five years and sterile. The inflammatory attack cleared up within a week, she soon conceived, and a month ago I delivered her safely of a large, healthy baby. She made a perfect and uncomplicated recovery. I should be exceedingly loath to discard the dilators from my armamentarium, and can only attribute serious accidents following their use to a wrong diagnosis

or a faulty use of the instrument.

Intra-uterine Medication.—There is undoubtedly a limited field for the application of drugs to the uterine cavity. It should not be forgotten, however, that it is often only supplementary to other treatment. It is just as rational to expect results from local applications to the uterine mucous membrane of the nose and throat. The fault here is much the same as in other minor operations—either a wrong diagnosis is made, and local applications are used to the exclusion of other and probably better methods of treatment, or they have been injudiciously and rudely applied. Certainly in chronic endometritis we may expect some good from them, especially after the application of the curette.

The Curette.—This instrument, in properly selected cases, is invaluable. In my own hands the dull curette has proved worthless, and I much prefer a sharp one. Of course the instrument is capable of harm, but so is every other that is used in surgery. If even ordinary precautions are taking in selecting cases and manipulating the curette, no damage will follow its application. For affections of the endomentrium following labor, or of a fungoid character, it is exceedingly useful. I know of nothing which will take its place. In removal of retained clots, etc., in the puerperium, the finger will be found more certain.

Operations on the Cervix.—The splitting up of the cervix for dysmenorrhœa and sterility has fallen into deserved disuse; all that can be accomplished in that direction can be done with the dilators.

Emmet's operation for the closure of lacerated cervix should meet much the same fate, at least in the vast majority of cases. The only excuse for the number of such operations which are being continually performed is a fear of subsequent cancer. A simple, uncomplicated cervical tear causes no more trouble or inconvenience to the patient than does a woman's ear which

has been torn through by her ear-ring. The ear would be repaired for cosmetic effects; the cervix is hidden from view and that factor would not come in for consideration. Most women have laceration of the cervix of more or less degree. If the lips are thickened, everted and eroded, they will need treatment. Oftentimes simple scarification, followed by the application of iodine and glycerin tampons, will reduce this condition and leave a clean healthy tear—one which will remain so until the end of time. If the lips cannot be brought into a healthy condition, or if the uterus is subinvoluted and the endometrium diseased, the case may resolve itself into an operative one; but even here a trial by electricity will often disappoint the surgeon. In my practice it is rare to see a lacerated cervix which calls for surgical repair. Cases which have come to me from other men, who have advised an operation, get well without it. Oftentimes the symptoms for which the operation was proposed were found to be due, not to the torn cervix at all, but to other troubles, principally constitutional.

It is the easiest thing in the world to relight a pelvic inflammation whilst repairing a cervix, and I have seen this result

follow such practice only too often.

Taking it all in all, I decidedly approve of minor uterine surgery, in the field to which it is applicable, but it must be borne in mind that this field is a limited one, and one which becomes more and more narrow as our diagnostic resources increase.

Appendictis: A Year's Experience in Private Practice.— The author's (J. W. Elliot, M. D.,) list for the year (Boston Medical and Surgical Journal, May 21, 1891,) includes thirteen cases; of these there were six cases in which an operation was performed and seven not subjected to operation. Of the former four recovered and all of the latter.

Attention is called to the fact that the worst cases were operated upon and the mild cases were allowed to progress unaided. He would consider it a great error of judgment to allow any

case of this kind to die without an operation.

The first case described is one in which he had to deal with a perforated gangrenous appendix, in order to find which a portion of omentum was removed. No pus was found. The case recovered.

The cases operated upon within the first three days have a much better chance of recovery than those in which a late operation is done. In the former it is possible to perform an antiseptic laparotomy, but in the latter we deal with an already existing sepsis. Opinions differ as to the advisability of operating in all cases. "Dr. Worcester believes we should operate in every case as soon as we can make the diagnosis."

The author believes that the severe cases should be operated upon, and at an early day. Temporary improvement in this class of cases is misleading and should not lead to a postpone-

ment of operation.

In apparently mild cases, "with a pulse and temperature under 100 are the cases I have most often been called to operate on when it was too late" A tender swelling or a distended, tympanitic abdomen are signals for an operation. "Continued vomiting, hiccoughing, rapid respiration, delirium, stupor, cyanosis, anxious face and chills are symptoms which, occurring even in apparently mild cases, indicate a grave condition which requires immediate operation."

The following sentence sums the entire question of operation up in a few words: "From this year's experience, I feel confident that a great advance can be made with experience and a careful study of the above symptoms. For these reasons I have rejected the dictum to operate as soon as you can make a diagnosis, but would operate on the first appearance of any un-

favorable symptoms."—Cin. Lancet-Clinic.

The "McBurney Point."—Gibbons thinks that the importance ascribed to the existence of the so-called "McBurney Point" is largely over-estimated by those who have written upon the subject. In all inflammations of the abdominal organs pressure made by the tip or tips of the fingers over the abdominal walls elicits pain, while pressure made by the flat hand will, on the contrary, relieve pain. The only exception to this rule will be found to exist in peritonitis, where pressure of any kind will immediately bring responsive warning that pain has been produced. The finger-point pressure upon the abdominal muscles will, in most cases, not cause pain until the pressure has been severe, or so deeply applied as to put the muscle on the stretch. The exceptions here noticed are to be found when the pressure is applied at, or near, or upon its tendinous or fibrous elements. Even in healthy muscles there is animate resistance to pressure of a character assuming the pointed means, so that it is necessary, and is laid down as a rule in works teaching medical diagnosis to be careful in palpating the abdominal organs, to lay the open hand gently upon the before applying the pressure necessary to make them

give way, which they will not do if one is careless about this rule. Dr. McBurney claims to have found severe pain on pressure at a point midway between the anterior superior spine of the ilium and the umbilicus, but it is not certain as vet that this has any diagnostic value as a "point" especially referable to an inflamed or suppurating condition of the vermiform appendix. It is, without a doubt, found in all these cases, and previous to general involvement of the peritoneum and its contained organs, this point can be demonstrated at various places over the right half of the abdomen, and, as the general involvement takes place, at more remote parts of the abdominal The reasons for finding it at the special point where Dr. McBurney looks for it is that at this location there is a much greater expanse of fibrous tissue than at any other near by point of the actual seat of inflammation, and further, because just at this place we have several quite large sensory nerve filaments distributed to the neighboring parts. Gibbons says that the "McBurney Point" may be found at any location throughout the body where, with point pressure, muscle structure in septic or inflamed condition is put upon the stretch. This is more easily found at points where tendinous elements enter into the muscle structure, and finally at the complete tendinous structure, characteristic pain is very quickly elicted as soon as the parts are made tense.—N. Y. Med. Journal.

The Conditions of the Propagation of Diphtheria.—The interest which ever centers in this disease, its increasing frequency, and its fatality, constitute our excuse for again revert-

ing to this subject.

The microbial origin of diphtheria was affirmed as early as 1861 by Laboulbine, who described parasites which he had found in the false membranes, and at a later day Letzerich, Talamon, and Quinquaud called attention to certain bacteria to which they attributed the origin of this disease. It was not, however, till the researches of Klebs in 1883, and those of Læffler the year following, that any precise data were advanced respecting the specific contagion of diphtheria. Klebs discovered a peculiar micro-organism in diphtheritic membranes, and this was described with more precision by Læffler, who succeeded in isolating and cultivating it, and with the products of a pure culture he inoculated animals, reproducing in them a disease strikingly resembling diphtheria. In no case, however, did Læffler note the supervention of paralysis.

Læffler's memoir, published in 1884, is a model of the caution and reserve which should characterize a scientific treatise. He had failed to find the bacillus of Klebs in certain typical cases of diphtheria; he had found a bacillus just like this in the mouth of a healthy child. This experimentation was continued by Roux and Gersin, who announced in 1888 that they had detected Klebs' bacillus in all the cases which they had studied; and after having reproduced the disease in animals (fowls, pigeons, guinea-pigs, and hares) by the inoculation of pure cultures, they have in several instances witnessed paralysis similar to what is observed in man as a sequel of diphtheria. They have finally proved that these cultures contain a poison (ptomaine) which, according to the dose, kills the animals rapidly or gives them paralysis. They have also shown that the bacillus does not develop on a healthy mucous membrane, and that to obtain a false membrane it is necessary to irritate the mucous surface, or, better still, to excoriate it or deprive it of its epithelium.

The persistence of the virulence of Klebs' bacillus has also been shown by these experimenters. A culture in bouillon kept six months from the light in a closed tube when sown anew, gave strong, healthy colonies, which, when inoculated in guinea-pigs and hares, proved to be exceedingly virulent. A culture in serum, kept five months from the light in a tube stopped with wadding (which of course did not exclude the air), had a feeble virulence, but when sown in a new culture

field recovered all of its original activity.

Sevestre, from whose just published Etudes de Clinque Infantile we have borrowed, cites from his own experience and that of his colleagues cases tending to prove the extraordinary vitality of the contagion of diphtheria. A young girl at Passy contracted diphtheria from handling clothes worn by her mother two years before during an attack of diphtheria, and which had not been disinfected. Worms relates the case of a man who, when suffering from a simple attack of quinsy, painted his throat with an old camel's hair pencil which he had taken, wrapped up in paper, out of a drawer. This pencil had been used four years before to make applications to the throat of a child sick with diphtheria, and by using it the man contracted the disease.

Other instances of a similar kind are on record. One related by Dr. Grellett, of Algiers, attributes with some probability the derivation of the contagion in a fatal case to the occupancy by the patient of a room where seven years before three

children had died of diphtheria. The room had not subsequently been cleansed, white-washed, or papered. A more remarkable case still is recorded by Dr. Legrand, and cited by Sevestre. An epidemic of diphtheria broke out in a village of Normandy, and the contagion was traced to a boy fourteen years of age, who was the first to come down with the disease. This boy was the son of a grave-digger, and had, a few days before the onset of his sickness, been employed with his father in digging up and removing to another part of the cemetery the bodies of a number of persons (mostly children) who twenty years before had died of diphtheria. In this instance, if the disease was thus contracted, the germs of the disease must have remained dormant during all these years, ready to manifest their pathogenic presence, develop and multiply, when the favorable conditions appeared.

In a previous number of the Journal we have alluded to similar facts recorded by other observers, and if we have again returned to the subject it is because we regard it as one of great importance from the point of view of prophylaxis. If the dibhtheritic bacillus or its germ possesses such enduring vitality and virulence, how painstaking and thorough ought all measures of isolation and disinfection to be when it is a question how to stamp out an existing epidemic, or how most effec-

tualy to prevent any after mischief.

The direct transmission of the disease by the false membrane has been observed again and again, and physicians and numes who are compelled to make local applications to the thrats of their diphtheritic patients cannot be too careful notto be infected by receiving into their eyes, nose, or mouth framents of diphtheritic patches which patients in their strug-

glesor fits of coughing may expel.

Cin diphtheria be carried in the clothing? From what has been saic about the vitality of the virus, one would be disposed a prioi to give an affirmative answer to this question, and the fact justify such answer. Sevestre relates the history of a patint in his service at St. Antoine who took diphtheria when recoering from typhoid fever. This patient's sister, an attendnt in the diphtheria wards of Trousseau Hospital, had visited the patient a few days previously and had left with him her hawl. This Sevestre thinks was without doubt the cause of the contagion. Cases of the same kind are related by Salter and thers. That diphtheria is also communicated by contact with a person who has had this disease, even during the period of cavalescence, when no false membranes any longer exist, unles through the clothing, may be regarded as doubtful.

As to whether the contagion may infect the inspired air, there certainly seems no reason to doubt that a patient suffering from croup or diphtheria may, during fits of coughing, expel particles of false membrane or minute portions of mucus, which may for a time remain suspended in the air of the room and render it infectious. It is, however, proved that the contagion of diphtheria is but little diffusable, and that, as a rule, in order for contagion to be imparted there must be contact between the sick person and the person to be infected. Lancry, Bard, and Bretonneau insist upon this proposition, and instances are sufficiently numerous where the disease has attacked all the members of one family and spared the neighboring families, where it has prevailed in one part of a tenement and spared the family living in the other part.

Within a few years numerous facts have been published ssigning to diphtheria a near kinship if not identity with a dsease prevalent among fowls (the pip or pepie), and it has been argued with some plausibility (memoirs of Wolff, Nicate, Pulinis, Delthel, Turner, Menzies, Teissier) that diphtheria in the human subject is often contracted from the fowl. It is hardto gainsay the facts published by the above-mentioned observes,

and instances of the kind are accumulating.

At what time does diphtheria begin, and when does it cease t be contagious? Bard says from the very first day of its apparance, before the formation of membranes even, and he ctes facts to prove the contagiousness all through convalescencetill the thirty-fourth and fortieth day. Ogle knew a child onvalescent from diphtheria, after a month of quarantine ancreturn to school, to give diphtheria to nine of its playmates. It is probable that in this case and those of Bard the germs and remained in the clothing, and that had suitable disinfection been practiced early the communication of the disease wuld have been prevented. It is to be inferred, from all thaw know about the contagion of diphtheria, that the patient cases to produce germs after the active manifestations of the disease have ceased.—Boston Med. and Surg. Journal.

Artificial Feeding of Infants.—The Medical Tribune, om-

menting on this subject, has this to say:

The uncertain quality of the milk sold in our large dies, and the excess of sugar necessary to preserve the condesed milk, make it impossible to prepare from these sources a infant food that will give proper nutrition.

Where, then, can we find a substitute that will supply the nutrition necessary for the growth of the infant, and at the

same time be always at hand, ready for use?

After an experience extending over a period of twenty-five years, during which time we have used almost every variety of infant food, we are satisfied that we have in Lacto-Preparata and Carnrick's Soluble Food the most perfect and rational substitutes for mother's milk that have ever been introduced to the profession.

The Lacto-Preparata is prepared wholly from milk, with the caseine digested and part of the butter replaced by cocoa butter. This is the most suitable food for infants during the first six months of life. It is easily prepared by the simple addition of water, is unaffected by keeping, and represents the nor-

mal constituents of mother's milk.

The Soluble Food is composed of the solid constituents of milk, sugar of milk, and the finest quality of wheat. The starch in the wheat is converted into dextrine and soluble starch by being kept for eight hours at a temperature of nearly 300 degrees Fahrenheit. The caseine is sufficiently predigested with pancreatine to render it impossible to form hard and indigestible curds in the child's stomach. Like the Lacto-Preparata, this food will keep any length of time. It requires no addition of milk, is always ready for use, and can be prepared for the child in a few moments. It is also free from the fermentations that occur in milk, and from the development of poisons, such as tyrotoxicon, which often cause cholera infantum and other intestinal disorders. This food is all the child requires from the sixth till the twelfth month, after which soups and broths may be judiciously added. Until teething is completed, however, the Soluble Food should constitute the principal diet of the child, and even in the earlier years of childhood it will be found valuable in all cases of sickness where other foods cannot be tolerated.

The Shurly-Gibbes Formula for Pulmonary Consumption.—There are numerous formulæ which investigators, inspired by Koch's discoveries, have recently tested the virtue of in pulmonary consumption. Among these it may now be judiciously claimed that the utility of several, which at first proved promising, have failed to be demonstrated by experiment.

The following should be regarded as still sub judice: Koch's Tuberculine, Liebreich's Cantharidinate of Potash, the transfusion of the arterial blood of the goat into the veins of the

tuberculous patient as suggested by Dr. Bernheim, the injection of the serum of dog's blood as suggested by MM. Hericourt and Richet, the sub-cutaneous administration of gold and manganese commended by Prof. J. B. White, Dr. Roussel's treatment by the injection of aromatic vegetable essence of perfumes. These have been tried, and the verdict at present is that they have been found wanting in the anticipated specific therapeutic effect.

A promising method is the injection of chemically pure iodine and chloride of gold and sodium, in connection with the inhalation of chlorine gas, as commended by Dr. E. L. Shurly, Professor of Clinical Medicine and Laryngology, Detroit College of Medicine, and Dr. Heneage Gibbes, Professor

of Pathology, University of Michigan.

It is vitally essential to the proper employment of these agents that the necessary solutions should be absolutely pure and of uniform quality. Messrs. Parke, Davis & Co. announce that, at the request of Dr. Shurly, they have prepared solutions of chemically pure iodine and chloride of gold and sodium, which are put up in one-ounce bottles, and will furnish physicians with clinical reports embracing the method of using these remedies.

Notes on the Uses of Aristol.—Dr. Daniel Lewis, of New York, gives the following notes in the *Medical Record* regarding the results of its employment in his service at the New York Skin and Cancer Hospital, as well as in private practice:

The following preparations have been employed: Powdered aristol; aristol and iodol, equal parts; ointment of aristol and vaseline, 4 to 30; aristol gauze, moist and dry; solution of aristol in albolene or benzoinol, 4 to 30; solution of aristol in

flexible collodion, 1 to 30.

The pure powder has been applied to the surface of an ulcer following the slough of a flap after removal of a cancerous tumor of the abdominal wall. The purulent discharge was very copious and offensive, the patient suffering from septicæmia in a marked degree before operation. The offensive odor was promptly corrected by the use of the powder, which was dusted thickly over the surface, and the discharge checked within twenty-four hours after the dressing was first applied. In this particular instance the dressing was changed to the ointment of aristol and vaseline, as the powder proved too dry an application. It was evident, however, that for checking suppuration the drug possessed powers superior to iodoform or any of the other preparations usually employed for that purpose.

In other and similar ulcerated surfaces, where healing under a scab is desirable, or rather unobjectionable, the powder formed a crust under which the granulations were healthy and sufficiently rapid. So far as I can judge, it possesses no specific alterative action upon malignant tissue, although my experience in that class of cases is not sufficiently extensive to warrant a denial of the cures claimed for it in epithelioma of the skin.

A most satisfactory result of the use of aristol powder was obtained in a number of cases of ulceration (non-malignant) of the cervex uteri. It was applied by means of an ordinary cotton tampon, smeared with vaseline, to which the powder adhered, then placed in position against the ulcer, and left from forty-eight to seventy-two hours. Induration, thickening and suppuration were all promptly improved, and the ulcers, which had resisted prolonged treatment by glycero-tannin, borated solutions and other applications in common use, finally healed. In no case was any irritation excited by the remedy itself, the stimulating effect corresponding in degree to that of tincture of iodine used in similar cases.

Another application in these cases, which is convenient and efficacious, is a mixture of aristol and iodol in equal parts, applied through the speculum by an ordinary powder-blower, after which a light tampon of absorbent cotton may be inserted.

The same mixture has been employed in quite a large number of cases of chronic nasal catarrh, where the discharge was profuse or fetid, and when employed twice a day, improvement was marked and permanent. The aristol renders the iodol lighter and more easily used by the insufflator. The same absence of all irritation due to the drug, or any other disagreeable consequences, was as marked in these nasal cases as in the uterine diseases already mentioned.

The ointments of aristol, composed of vaseline or cold cream, are capable of wide application in all skin affections which show a tendency to pus formation, or where a mild, stimulating effect is desirable. They may be used with equal success in fresh wounds which are left to heal by granulation, but my judgment is that a larger percentage than four to thirty must often be employed in such cases. A more desirable dressing after surgical operations is now supplied in the moist gauze, such as is manufactured by Schieffelin, upon which an additional quantity of the powder may be sprinkled when desired.

The petroleum preparations, albolene and benzoinol, are solvents of aristol, and form a neat and satisfactory dressing in

many cases where moist applications are required. These solutions have been recommended where gangrene was threatening or already commenced, and in a case of that kind, after a phlegmonous erysipelas of the leg, plain gauze saturated with these and packed over the limb was exceedingly satisfactory. In some instances these solutions were found to be useful uterine and vaginal dressings instead of the more common applications.

One of the most valuable of all the aristol preparations, on account of its extensive application, is the preparation of aristol in flexible collodion. The ether is such a perfect solvent of the drug that the preparation is really an elegant one. In the first place, any abrasion of the skin on the hands of the operator may be dressed with this before commencing operations. The line of sutures is rendered impervious to air, and consequently infection from without, by being covered with a coating of this preparation. Here, as in other external cases, the absence of offensive odor and of any tendency to irritation, places its utility far above the iodoform collodion which has been so generally employed for this purpose.

Recently I have employed it in the treatment of hyperidrosis of the palmar surfaces. A child, who had been unable to attend school because she could not hold a book in her hands without spoiling it, was relieved of all disagreeable symptoms by its

use in a very short period.

No class of cases, however, have given greater satisfaction

under this application than erysipelas in its early stages.

A number of cases are cited. He then concludes: "I have often employed flexible collodion in facial erysipelas, and find it a satisfactory remedy, but in these instances it seems certain that the aristol acted as a disinfectant which was exceedingly prompt in its action, and more effective than any other application I have ever employed. We have, then, in the cases mentioned, a drug which is safe, agreeable, cleanly, and efficacious to such a degree as to render aristol one of the most valuable additions to our therapeutic agents which has been presented to the profession during recent years."

For controlling the summer diarrhoea of children we do not know of a better adjuvant than "Listerine," combined with bismuth and the other astringent preparations. Its presence seems especially indicated when the discharges have that characteristic unpleasant odor so familiar to us all. A few drops combined with each dose speedily acts antiseptically, and thereafter is observed an improvement in the child's condition.



Vol. V.

JULY, 1891.

No. 7.

Medical Methods and Opinions.

INTERVIEW ON THE TREATMENT OF SUMMER DIARRHEA,

WITH

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NEW YORK.

[The following interview will be read with interest, we doubt not, because of the importance of the subject-matter, and because of the eminence of Dr. Holt on all pediatric questions.]

1. What do you consider the most common mistake in the treatment of the summer diarrheas of infancy?

In general, I should say, too firm a belief in the efficacy of drugs in curing these diseases, and in consequence of this, a neglect of other measures, i. e., hygienic and dietetic, which are, all things considered, probably more important. The fact is that there is a good deal of over-drugging in all diseases of children, and particularly in gastro-intestinal diseases. Here, very often the patient dies, not so much from the intensity of the local process, as from a failure to assimilate the food and stimulants, and everything which interferes with this latter process acts unfavorably and tends to increase the mortality. If I were compelled to treat diarrheal diseases by

drugs alone, or by hygienic and dietetic means alone, I should choose the latter method, for I believe it would give better results.

2. In brief, what dietetic means do you advise?

In every case, the first thing to be done is to withhold milk in all forms and under all circumstances in children under two years of age. Practically, starvation for the first twenty-four hours is the next most important thing to be done. The high temperature, the rapid loss of fluids consequent upon the number of discharges, cause thirst, and this must be relieved by mineral waters, thin barley or oatmeal water, cracked ice, &c., but little or no food until the vomiting has stopped and and the temperature begins to fall. If the children are nursing, they may then be brought back to the breast gradually, the quantity of milk allowed being not more than one-third to one-fourth what is given in health. If children are artifically fed, cow's milk must be postponed for a longer period, and broths or some of the infant foods used for two or three days.

3. Do you still employ the mechanical means of treatment, viz.: stomach washing and irrigation of the bowels, and do you think these means are destined to have a permanent place in therapeutics?

More extended experience with both stomach-washing and intestinal irrigation, has convinced me that they are of very great value, and I think they have come to stay. I have used them more during this season than ever before, and believe more than ever in their great utility. He who is obliged from necessity to do without these means, or does so from choice, is certainly not able to do all that can be done for his patients.

4. Do you find much difficulty in applying stomach and intestinal washing in private practice?

This depends much upon the people. Under very many circumstances, parents will object to stomach-washing, largely because it is new and unfamiliar, and occasionally we are obliged to forego its use under circumstances when we consider it desirable. When once, however, a family have seen the very marked improvement in cases of continuous vomiting which

so often, in acute cases, follows a single application of stomach-washing, they are very ready to submit to it a second time if that becomes necessary. With regard to intestinal irrigation, there is little or no objection to its use in private practice. It is never safe or wise to allow the mother to administer the irrigation herself. It must be done thoroughly through a rectal tube carried high into the colon, or nothing is accomplished.

5. In irrigating the colon, what solutions do you prefer, and what temperature?

All of those, I think, who have had much experience in washing the colon, have reached the conclusion that under ordinary circumstances nothing is so good as a simple saline solution. a teaspoonful of common salt to a pint of water; at least a gallon should be used for a single irrigation. Medicated solutions of various kinds, whether antiseptic or otherwise, have no place in an ordinary fermentative summer diarrhea. In cases of enterocolitis where the amount of mucus discharged is large, and where there is much tenesmus, and also blood streaking the stools, there is great advantage in employing astringent solutions. Of these, tannic acid is, I think, the best, and should be employed in the strength of about twenty grains to the Regarding the temperature of the injections, there is still some diversity of opinion; I think there are differences of effects to be produced by varying the temperature. Under ordinary circumstances, a temperature of from 80° to 85° F. is to be preferred. If the patient has very high fever, the temperature of the injection may be 40° or 50° F. with great advantage, this possessing the double advantage of lowering the body temperature and clearing the colon. At the same time, the ice water seems to exert a very favorable influence upon the lesions of intestinal mucous membrane. Where there is much tenesmus, ice water again is to be preferred.

6. Do you still use antiseptic drugs, and what is your opinion of their value?

I must confess that these have not come up to our expectations. I use them less and less every year. While of positive advantage in checking intestinal putrefaction, the disadvantages in the way of their employment are so great, namely, the disturbance of the stomach and the interference with digestion, that we are often obliged to stop them altogether. I think their value has been exaggerated; with the exception of bismuth, I do not use them in most cases.

7. If bismuth is employed, what is the best method of administering it?

The method of administration is of little importance. The main thing is to give a large quantity; at least two drachms to a child one year old, and at eighteen months, from three to four drachms a day, must be given, preferably in suspension with mucilage. Bismuth is about the only drug that we can give in large enough doses to reach the lower ileum and colon where the most active process is going on.

8. What is the place of opium?

I do not agree with those who would throw away opium altogether in the treatment of summer diarrhea, although its use has been badly abused. Perhaps, taking all cases together, more harm than good has been done by it. I would say, in the first place, give opium alone and never in a composite mixture, so that the dose may be increased, diminished, or the drug stopped altogether, according to the symptoms. The special indications for opium I regard to be a large number of passages, and thin, watery passages. Opium does little else than diminish peristalsis. If the number of passages is small, and these are of bad character, opium is contraindicated, especially if the temperature be high. There is no special choice in the preparations to be used, and very small doses are usually enough to control the symptom to which we have referred. To a child six months old, one-quarter of a grain of Dover's powder every two to four hours is as much as is usually required, and to a child one year old, a half grain at the same interval.

9. On what other drugs do you rely in every day practice?

On calomel or castor oil, as an initial purgative, and on but few others. Small doses of castor oil, i. e., ten or fifteen drops

frequently repeated, act favorably in many cases where there are small frequent stools, consisting largely of blood and mucus with a good deal of tenesmus.

10. Under what circumstances do you employ baths?

Baths are to be used for two distinct symptoms: (1) For the reduction of temperature, and (2) to allay nervous symptoms. In both of these cases they are very much more valuable than the drugs usually employed. A tub bath or a sponge bath of ten to fifteen minutes will frequently allay restlessness and irritability, and induce sleep where all drugs are impotent. Baths should not be given too cold; preferably the graduated bath should be employed, namely, put the child in a tub bath at a temperature of 100°, and gradually reduce the bath to 85° or 80° by the addition of cold water or ice. The head should be bathed frequently with cold water while the child is in the bath. Hot mustard baths may be employed when there is a high rectal temperature with cold extremities, pale lips, or lividity.

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month.]

The Care of the Hands by Means of Hydrogen Peroxide. Dr. Charles Noble, in the Medical and Surgical Reporter, suggests the use of peroxide of hydrogen as a cleansing agent for the use of surgeons, obstetricians, and nurses. He feels sure that the remarkable pus-destroying properties of this substance are becoming better appreciated every day. Nearly every surgeon who has been led to use it in the treatment of suppuration and false membrane has become an enthusiast in its behalf. In regard to its use upon the hands, he maintains that with it he can render those members surgically clean—that is, free from septic micro-organisms—a condition that cannot be attained by the use of soap and brush and solutions of corrosive sublimate. Under the latter method, it has been demonstrated time and again that germs will still linger under and around the finger nails. And irritating fluids, like sublimate solutions,

are not without the alleged fault of rendering the skin of the hand rough, and a more secure abiding place for the germs of disease than would be the case if blander fluids were used

upon the hands.

In preparing for such operations as abdominal section, Dr. Noble has for some months employed the peroxide to aid in obtaining an aseptic cleanliness of his hands. He does not assert that this drug will alone and of itself insure an asentic state, because he has not determined that this is the fact from bacteriological research; but he is positive that all its activity is exerted to promote asepticism. His method consists in first washing the hands thoroughly with soap, using a stiff nailbrush and renewing the water three times. The hands are next soaked in a saturated solution of permanganate of potassium, and this is removed by soaking again in a saturated solution of boric acid. The finger tips are next soaked in the peroxide solution, in the full strength of the ordinary fifteen-volume solution. Lastly, a bath of corrosive-sublimate solution, 1 to 1,000, is employed. The hands are allowed to remain in the sublimate solution for about three minutes. Not less than ten minutes, and even as many as fifteen minutes, should be devoted to this toilet of the hands. That this expenditure of time and attention is not valueless, he argues from the fact demonstrated by bacteriological experiments, that some, although comparatively few, germs have been found about the finger nails cleaned in this manner, excepting the use of the peroxide solution, and it is his hope that the addition of the latter may complete the good work of the other steps of the procedure.—N. Y. Medical Journal.

The New Cardiac Stimulant.—The Medical Press and Circular, of London, commenting upon cactina brought into notice by the Sultan Drug Company, of St. Louis, observes that locally, it is absolutely non-irritant, a ten per cent. solution applied to the conjunctiva producing no noticeable effect. Its chief physiological effect when taken in therapeutic doses is first to increase the musculo-motor energy of the heart, causing the cardiac contractions to become more regular and stronger; secondly, to raise the arterial tension, both by increased cardiac action and stimulation of the vaso-motor centre; and thirdly, to influence the nervous system by its direct action upon the motor centres of the spinal cord. Clinical observation teaches, according to Dr. O. M. Myers, that its greatest value is manifest in functional disturbances of the heart, as simple dilatation

and cardio-muscular atony (resulting from deficient innervation and nutrition) without organic lesions. If valvular disease exists, accompanied with dilatation, the drug would seem to be specially indicated. In conditions of cardiac and general muscular relaxation with impaired nerve energy, and in cases of "irritable heart," "tobacco heart," etc., again the drug is highly useful. In adynamic fevers, also, it would seem to be indicated. It has no cumulative action, and in this respect differs materially from digitalis—to which drug it is said to be greatly superior for use in the treatment of all cardiac affections, saving mitral stenosis. In the latter disease digitalis is still to be preferred on account of its power of prolonging the diastolic period, and thus affording the ventricle power and time to entirely empty itself.

New Method of Treating Abscesses.—Instead of the time-honored free incision of the most dependent part, Dr. Piéchaud, of Bordeaux, France, aspirates the abscess, after which he injects a solution of 1 in 1,000 of corrosive sublimate. For the past ten months he has invariably adopted this method in his hospital practice, and, he declares, with marked success. Even if the skin over the seat of the abscess be thin and undermined, this is no bar to the procedure, for which he claims as advantages that it is less painful, leads to more rapid healing, and leaves no traces of scar.—The London Lancet.

Hay Fever Remedies.—Whatever may be the theory of the causation of hay fever the question to physician and patient is, how shall the symptoms be relieved? Mere mention of the remedies that have been tried would almost make a treatise on materia medica.

Among these we wish to call attention to a few which have proven their efficacy. These may be conveniently described under two heads, viz.: remedies for local use and for internal administration.

Local medication may include Cocaine in 4 per cent. solution, in tablet form or in nasal bougies. A good formula for bougies is the following: Hydrochlorate of Cocaine, 1 grain; Atropine, 1-200 grain; Cocoa butter, q. s. The bougie may be held in position by a pledget of absorbent cotton soaked in cocaine solution.

Menthol may also be used with advantage in 10 to 20 per cent. solution in olive or almond oil and applied to the nasal membrane with a brush, or in spray or simple insufflated.

Fluid Extract Witch Hazel, distilled, and Fluid Hydrastis for local application are often of value in the catarrhal symptoms.

For internal administration to abort the paroxysms Grindelia Robusta, Euphorbia Pilulifera and Quebracho may be resorted to either alone or in combination. The remedies have shown their specific antispasmodic action in asthma, and accepting the neurotic origin of hay fever, must be conceded to be of service in restoring normal respiratory action in the distressing paroxysms of hay fever.

Parke, Davis & Co. supply all of these agents in eligible form, and will afford all desired information concerning them.

The Dry Method of Treating Wounds.—Dr. Hal C. Wyman of Detroit, calls attention to this valuable method of treating wounds. The treatment consists in drying the wound with hot, dry towels taken from an oven where they have been heated to 212° F. (100° C.). No water is allowed to touch the wound or the adjacent parts, from first dressing to final healing. Loose fragments are removed; all tissues bruised beyond repair are cut away with scissors; blood and dirt are scraped away with hot, dry towels. All lacerated parts are approximated and held with sutures which have been freshly sterilized by dry heat. Then a dry mixture of Wyeth's impalpable powder of boracic acid (seven parts) and iodoform (one part) is rubbed into the wounds along the line of approximation. Over this are laid strips of iodoform gauze. Over them oakum freshly sterilized cotton, held in a place by a rollen bandage fresh from the oven.

The dressings are allowed to remain undisturbed until healed, unless pain, rise of temperature, or soiling of the dressing by discharges indicates that fresh dressings are needed. This method, he claims, favors the cleaning of the wound, favors the control of hemorrhage, diminishes the tendency to fermentation and putrefaction, hastens to repair the wounds, and insures the healing of flaps and ragged pieces which by the wet method would slough.—Canada Medical Record.

The Treatment of Diphtheria.—Dr. J. Lewis Smith thus summarizes the treatment of diphtheria in a paper before the A. M. Association.

Locally, we should remember that normal epithelium was a barrier to the germ's entrance, and hence our remedies should be such as not to destroy the epithelial covering. Denuded or

diseased surfaces were favorable starting-points for the disease. Corrosive sublimate, 1 to 8,000; carbolic acid, 1 to 50; salicylic acid, 1 to 80, had proven of service in arresting the germ growth. Potassic chlorate was useless in this direction, and he had come to discard its internal employment entirely. It had undoubtedly caused nephritis in many cases. The corrosive sublimate could be given by nasal injection, gargling, and in-Where the false membrane was very thick and tenacious, equal parts of tincture of iron and glycerin should be given three or four times a day. Loeffler himself uses a mixture of carbolic acid, alcohol, and distilled water for the mouth. Our local remedies should be penetrating. Therefore, glycerin and water, never syrups and mucilage, should be our vehicles for all local applications. The officinal solution of iron chloride might be diluted three or four times for this purpose. While it undoubtedly contracted the vessels it was often painful. It congeals the muco-pus of the fauces. Carbolic acid, Monsel's solution, and glycerin could be advantageously used in this way. For nasal disinfection a saturated

solution of boric acid was preferable.

For internal treatment, iron assisted the anæmic condition. Vegetable tonics, including quinine, were probably useless, as were also quinine insufflations in the oral cavity. The main reliance was to be placed on the bichloride. He was in the habit of giving a two year old child one-seventy-second of a grain every two hours; four years, one-fortieth of a grain; six years, one-thirtieth of a grain; ten years, one-twenty-fourth of a grain. His solution was made by dissolving the sublimate in alcohol and adding elixir of bismuth and pepsin. Sublimate solution, 2 grains to the pint, could be used for the nose. The mercurial should be continued at least, unless diarrhea supervened, but not longer. Calomel had been suggested. Many gave an initial dose, and some continued it through the entire It undoubtedly increased the anæmia. Of late it had been given in the New York Foundling Asylum by sublimation, from 10 to 40 grains being used, under a tent made over the patient's bed. The indications for its use was the supervention of hoarseness. The attendants had been salivated in several instances, but the patients were apparently not injured. It seemed to lessen the necessity for intubation. process might be repeated in three or four hours. The percentage of recoveries from intubation, where necessary, was better in the colomel cases than in others. For the nephritis he gave iron, and for the paralysis tonics, strychnine, and electricity.—Therapeutic Gazette.

The Present Status of the Treatment of Urinary Calculus. The modern sentiment appears to be as follows: 1. Wherever

possible, resort to litholapaxy.

2. If litholapaxy is contra-indicated by a sacculated bladder, a high degree of cystitis, stricture of the urethra, or an irritable, contracted bladder, one of the cutting operations must be performed.

3. If the stone is not very large, and can be extracted by that

method, the median perineal method is preferred.

4. If the stone is very large, or if there is reason to suspect the co-existence of tumors of the bladder, or any reason calling for a complete exploration of the interior of the bladder, resort should be had to supra-pubic cystotomy.

5. The existence of cystitis, or other necessity for drainage

of the bladder, calls for the lateral operation.

From the above summary it at once becomes evident that the range of lateral lithotomy has been largely curtailed, while that of litholapaxy has been wonderfully increased. In fact, the crushing operation is now almost universally recognized as the operation of choice whenever possible. The grounds upon which this decision rests are that the crushing operation is less risky; it is applicable to all ages; the time of convalescence is very short compared with the other operations, and the mortality is much lower.

The chief objection against litholapaxy is the possibility of leaving some fragment of the stone in the bladder, to act as a nucleus for a new stone. This oversight has frequently occurred, but the fragment has always been detected early, and is

easily removed by reintroducing the lithotrite.

The dangers and difficulties of the median operation are usually slight, but its range of successful application is limited. The time necessary for the healing of the wound is an objection.

Supra-pubic cystotomy is somewhat difficult of performance, more paraphernalia are required, and the dangers of complications are perhaps greater than those of any other operation for

the relief of this trouble.

At present the tendency is to almost entirely banish lateral lithotomy from the list of surgical procedures applicable to this affection, preference being given to either the median or suprapubic operation. Time only can determine whether this condition of affairs will continue or not. Some surgeons still cling to the lateral incision, and are loath to discard it.

In a word, this seems to be an age of litholapaxy.—Cin. Lan-

cet and Clinic.

On the Treatment of Stricture of the Male Urethra.— The author's conclusions as to the treatment of organic strictures of the urethra may be summed up as follows:

1. Strictures of large calibre, that is, of more than fifteen French, situated at or behind the bulbo-membranous urethra, are to be treated, almost without exception, by gradual dilatation.

2. Strictures of large calibre occupying the pendulous urethra are to be treated by gradual dilatation when very recent and soft, and by internal urethrotomy when of longer standing, distinctly fibrous in character or non-dilatable. It is to be remembered that the great majority of so-called strictures of large calibre of the pendulous urethra are merely points of physiological narrowing.

3. Strictures of the meatus and of the neighborhood of the fossa navicularis should be divided upon the floor of the urethra whenever it is evident that they are real pathological conditions producing definite symptoms, and are not normal points of nar-

rowing.

4. Strictures of small calibre (less than fifteen French) situated in advance of the bulbo-membranous junction, unless seen very early and found to be unusually soft and dilatable, furnish the typical condition for internal urethrotomy, which should be done preferably with a dilating urethrotome, and, in-

variably, with all possible antiseptic precautions.

5. Strictures of small calibre (less than fifteen French) situated at or deeper than the bulbo-membranous junction, should be treated, whenever possible, by gradual dilatation. In a case of resilient, irritable, or traumatic stricture in this region, or of stricture, which, for any reason (as the occurrence of rigors), is non-dilatable, external perineal urethrotomy is the operation of choice.

6. Strictures of the deep urethra, permeable only to filiform bougies, should be treated by gradual dilatation, when possible, the filiform being left in situ for some time, and followed by the introduction of others, or used as a guide for a tunnelled catheter. If the stricture be not suitable for dilatation, external perineal urethrotomy should be performed.

7. Impassable strictures of the deep urethra always require the performance of perineal section.—J. W. White, University

Med. Magazine.

Early Diagnosis of Diseases of Spine in Children.—In an interesting lecture on this subject, published in *The Medical Press and Circular* for May 27, 1891, Mr. Edward Owen calls

attention to the fact that before proceeding to examine the child, it is well to question the parents as to the complaints of aches or pains, and to notice how the child holds himself. Probably he will be standing unusually straight, with his head and shoulders somewhat thrown back in order to keep himself in a position of stable equilibrium, the centre of gravity having been advanced by the collapse of the softened vertebræ. As regards pain, it may probably have been complained of in the back. But very possibly there may have been no complaint of that nature, the child having suffered only from peripheral neuralgias. These distant pains are usually symmetrical, and it is strange how the very terminal filaments of the sensory nerves are those chiefly concerned in it. Thus, in cervical caries there may be pains in each side of the neck; or, the third and fourth nerves being implicated, over the pectoral regions and shoulders. The lecturer then brought in a child, directing attention to its stiff and straight pose, and to the fact that it supported itself by holding on by its mother's dress. On being questioned, the mother said that the child's constant complaint was of "headache in the chest." Intercostal pains, which were carelessly ascribed to "pleurodynia"—whatever that was—or to "rheumatism," were often the result of vertebral disease. So also with "belly-aches," pains in the hips, thighs, legs, and feet; in the arms, elbows, and hands.

Several naked children with various spinal affections were then brought in. Attention was called to the fact that straightness of the spine in the cervical and lumbar region was as characteristic of vertebral caries as was the angular projection which so quickly appears in the case of caries of the dorsal vertebræ.

After all, stiffness was the most important sign of early spinal disease. Two boys of about the same age were placed side by side upon the floor; one of them had dorsi-lumbar disease, while the other had a sound spine. The latter could put his head between his knees, his back assuming a beautiful, convex sweep. The other boy could not bend down at all. Two children were then brought in whose projecting spinal processes offered strong suggestion of vertebral caries. Their backbones could, however, be freely bent and turned in every direction, and were manifestly destitute of inflammatory trouble. Their mothers said, moreover, that they had not complained of pains, and that they could run about and play with other children without showing unusual fatigue.

As regarded the treatment of the early stages of spinal disease, Mr. Owen summed up his advice in one word, REST—abso-

lute and continuous rest. The child should be placed on a narrow horse-hair mattress, with the head securely steadied between very large sand-bags, only a small, flat cushion or pillow being allowed beneath the nape of the neck. When the pains have become a matter of almost "ancient history;" when it was certain that no abscess was forming, and when, with the lapse of many months, it might be considered that all tubercular inflammation—and these cases are always tubercular—had passed away, some kind of rigid support might be employed. To substitute a plaster of Paris or a poro-plastic splint, however, for absolute rest in the horizontal posture was one of the commonest errors of the present time in connection with the treatment of early spinal disease.—Therapeutic Gazette.

The Progress of Surgery.—Dr. Geo. E. Davis contributes a paper under this title to the Amer. Pract. and News. Referring to ligatures, drainage, dressings, etc., he says: As material for ligatures, silk is fast losing ground, while catgut and silk-

worm-gut are in growing favor.

Lister says: "As regards the spray, I feel ashamed that I should have ever recommended it for the purpose of destroying the microbes of the air. . . . The floating particles in the air may be disregarded in our work, and if so, we may dispense with antiseptic washing and irrigations, provided that we can trust ourselves and our assistants to avoid the introduction into the wound of septic defilement from other than atmospheric sources." If we could dispense with irrigation and washing, we would avoid the effusion of serum and blood resulting from the irritation which they produce, and thus we would dispense with the necessity of drains. Lister says: "It would be a great thing if we could dispense with drainage altogether." This Dr. E. Réczey has done since 1885, and with excellent results. He considers drainage unnecessary, and claims that it may be dispensed with altogether "if care is taken to provide perfect asepsis and arrest of all hemorrhage." But beyond the above requisites other precautions are necessary to obtain good results without drainage. All pockets must be opened up by free incisions, and an antiseptic compress applied and left in place for a long time to take up the secretions.

However, there is a class of wounds, as bruised or contused wounds, gunshot wounds, etc., that will always demand drainage, for here the violence of the injury unavoidably causes sufficient irritation to produce copious effusion, even did not the wound become contaminated with septic matter, which most

usually is the case.

Of all drains, the rubber drains introduced by Chassaignac are the best for general utility, though many forms have been introduced since. Drainage-tubes are only requisite in the presuppurating period—that is, in from one to six days after the operation. "They are unnecessary," says Neudorfer, (a) "in open wound treatment; (b) in flat wounds where the dressings can soak up the secretion and carry it off; (c) in cavity wounds which can be thoroughly tamponed; (d) in cases where the intention is to bring the edges of the wound together only after the lapse of one to three days."

Dressings.—Lister firmly adheres to antiseptic dressings as opposed to the aseptic or sterilized dressings of Bergmann, though he believes that "with assistants duly impressed with the importance of their duties that aseptic operating would prove a task by no means difficult," and that we might give up the spray and all washing and irrigation of the wound. He claims that where aseptic dressings become saturated to the outer surface they become septic in mass, and that a chemical antiseptic dressing is the only form of dressing that will pre-

vent in itself the development of organisms.

Concerning dressings I shall not comment further than to say that in the Lister the protective next the edges of the wound and in the Mackintosh the protective on the outer surface of the dressing, to guard the same and keep it moist, are not the least important features of the dressing. We can all remember the disadvantages of dry dressings, such as sticking to the unprotected surfaces of the wound, etc. One properly applied first dressing saves many subsequent secondary dressings.

Change of Dressings.—Causes: (1) Pain; (2) elevation of temperature beyond the limits the wound injury would warrant; (3) suppuration; (4) undue secondary hemorrhage. They are changed sometimes to remove rubber drains, and sometimes

because of rampant curiosity.

That the four first are sufficient argument against change of dressing will be granted. The last cause, "rampant curiosity" (Morrow), is perhaps the worse, since it has spoiled the success of many a promising operation. It is responsible for half the failures of operative technique. McArthur, of Chicago, ventures the statement that one-half the primary wounds that become infected do so at the redressing, and not at the time of operation.

Recent Advances in Operative Technique.—Our great leaders have taught us a technique that can hardly be improved upon. Intra-abdominal operations became a mania for a time, but it

is easy to see in it signs of abatement during the last year or two. The tendency now is rather to conservatism as surgeons become better able to discriminate and select their cases. As regards operations for inflammation of the vermiform appendix, the chief progress has been in the way of improved diagnosis, and of early interference when the diagnosis has been established. Concerning penetrating and gunshot wounds of the stomach and intestines, with Prof Senn's methods at our command, the day has passed when the surgeon may pursue the expectant plan with the certainty of death to the patient. Wyeth's bloodless method of amputation at the hip-joint is the fitting crown of this great surgeon's other brilliant achievements. The surgery of the joints is becoming more conservative, but operations upon the nerves and nerve centres have been pushed to extraordinary achievement.

To What Extent Can Uterine Disease be Prevented, and How?—This was the subject of discussion before a late meeting of the New York Obstetrical Society. Dr. Goffe's paper made prominent the fact that a vast majority of the ills that beset womankind can be traced, directly or indirectly, to lack of proper development of the generative organs at puberty. A plea was made for better education of mothers for the purpose of combating the evils arising from our faulty social system, which rushes girls into charming society buds at a time when they are subjected to such enormous nerve strain before the development of their physical systems. The usual difficulties arising from confinement were dwelt upon, as also were the evils dependent upon miscarriage. Reform in dress was earnestly to be desired. Let her feet be planted on the enduring basis of symmetrical physical development, and then, with proper medical attendance, her health will be secure against the trials and strain of her future life.

Dr. Coe alluded to the ill effects of marital excesses, both in

the lower as well as in the higher classes.

Dr. Wm. M. Polk said that portion of the paper which appealed most strongly to him was that relating to the parturient state. He was in full accord with the view that in this direction we must look for a great deal of the trouble found in married women. He thought it was important, in the first place, that we treat parturient women more naturally than had been done heretofore. Instead of insisting upon her remaining quiescent after parturition, as has been the habit of most of us, for seven or ten days, or, according to the practice of one of our

most distinguished obstetricians, for fourteen days, she should approach the custom of working women. Lying in women should be taught that as soon as they have the strength to sit up it is entirely proper for them to relieve themselves instead of using a bed-pan. The habit of keeping women on their backs through fear of dislodging some thrombus which might cause sudden death had no good basis. They were no more likely to have such troubles sitting up than lying on the back;

less likely, indeed.

He also thought that patients should be taught that it was a matter of first importance to have the uterus examined after labor. Not immediately after delivery, nor necessarily the second, third or fifth day, but as soon, at least, as any symptoms arose which caused us to suspect that things were not going on as they should. Many cases of mild or severe sepsis which were called puerperal fever could be prevented by moving upon them promptly. He believed it was now pretty well agreed that puerperal fever was a more or less marked form of sepsis, and, in his opinion, treatment of it should be the same as that pursued in sepsis existing in any other portion of the body. Mild sepsis after delivery not infrequently meant salpingitis, if not more. It was not necessary to pursue this thought further, as its mere suggestion on this occasion was sufficient. As soon as there was a temperature, or symptoms which had generally been attributed to puerperal fever, it was our duty to at once attack the interior of the uterus. Curette, wash out, drain. He was convinced that by pursuing this course we would avoid many subsequent ailments, such as salpingitis, etc.

Antiseptic Surgery in Private Practice.—Dr. W. R. Ballou exhibited before one of the local societies a case of compound fracture of the leg, with a view to showing what could be accomplished in the way of antiseptic surgery in private practice. The tibia and fibula were both fractured, and were protruding through the wound in the soft parts. Much of the credit for the good result obtained was due to the fact that the attending physician, Dr. Washburn, had promptly cleansed the injured parts and applied an antiseptic dressing pending a more thorough surgical examination of the injury. There had been extensive laceration of the gastrocnemius, which had been sewed up with catgut, and then the whole wound closed, after bringing the bones into apposition. An antiseptic dressing had been applied, and a plaster-of-Paris splint from the toes to the pelvis. The highest temperature, 100-5°, had been reached on the

next day, and after the second day it had been normal. The primary dressing had not been touched for two weeks, but, owing to some soiling of the dressing, a fenestra had been made in the plaster and a small granulating spot treated in this way. One month after the operation, the parts being entirely healed, the splint had been renewed, and in seven weeks from the time of the injury all appliances had been left off and the boy had walked about perfectly well.—N. Y. Medical Journal.

Preparatory Methods in the Woman's Hospital, New York. Dr. Leroy Brown describes in the Medical Record the present methods carried out in the Woman's Hospital, New York. Referring to ligatures and sutures, extreme care is exercised. silk, linen carrying thread and silver wire are each wound upon glass reels which have been in a bichloride solution. laden reels are boiled for one hour in water. From this they are placed at once in their respective boxes under absolute al-The catgut is bought unprepared in sizes, from 00 to 2, also a larger pedicle, size No. 8. This as it comes is in coils of two metre lengths, and of an amber color with a greasy feel. The small pieces holding the strands of each coil closely together are first cut, allowing the entire roll to open out widely. separating each turn from the other. A dozen coils of each number thus loosened are lightly tied together with a long ligature, by which they are lifted in and out of solutions. They are immersed for two to three hours in ether and then for a few minutes in alcohol. The gut is then placed in a watery solution of bichloride, 1 to 1,000, for twelve hours. From this it is transferred to a large covered vessel containing absolute alcohol. During the following week the alcohol is changed twice. Thus prepared the gut is kept under alcohol as a stock supply, and is wound as desired upon sterile reels. Samples of the gut thus prepared have been sent to Dr. Freeborn, the pathologist of the hospital, for examination. From them he has failed to get any cultures, even from the centre of the No. 8 size. gut after being wound, for fear of having been rendered impure in the act of winding, is kept under boiling alcohol for one hour before it is transferred to reel-boxes, where it remains under absolute alcohol.

If there should be a cause to suspect the antisepsis of any reels of gut, from the alcohol getting accidentally low or otherwise, this reel is boiled for one hour in absolute alcohol and replaced in the box.

Silk-worm gut is bought in bundles of 100, 13 inches long. The curly ends are cut off and a few bundles at a time are placed under a watery bichloride solution, 1 to 1,000, and thus

kept permanently.

Instruments.—Before major operations such instruments and needles as will be needed are selected, placed in a tray and sterilized for one hour at 212° F. From here they are removed just before the operation to the instrument trays, and kept under water that has been boiled. During the operation no in-

strument is allowed to get dry.

After every operation in the hospital, the instruments, needles, and sponge-holders in use are first cleaned with brush and water, then steamed at 212° F. for a half hour. The instruments used in major operations have received an extra heavy plating and are not oxidized by being sterilized. By this we are spared the necessity of using polishing powders, which in an aseptic sense is of the utmost importance. Having thus prepared the sponges, ligatures, and instruments, we get ready for the two classes of operations in a somewhat different manner.

For operations upon the pelvic floor rigid antisepsis is followed, both before and during the operation. For those of major character, thorough antisepsis is practiced in preparing the patient and her surroundings. During the operation absolute asepsis is exercised. For minor cases, if their condition will permit, two days previous a compound cathartic pill is given night and morning up to the night previous to the operation, at which time the lower bowel is cleared out by a stimulating enema. The morning of the operation the lower bowel is still further cleared of any matter that may have crept down, by a warm water injection. The night previous the pubes and vulva are shaved, vaginal douches are abundantly used, and one hour before the operation a copious douche of bichloride, 1 to 2,000, is given.

The patient being under ether and in position she is surrounded by towels wet with bichloride, 1 to 2,000, under which are rubber sheets Instruments are kept in carbolic acid, 1 to 30, and needles with carrying threads in carbolic acid, 1 to 20. For major operations the morning before the cement floor is washed with bichloride, 1 to 1,000. The operating-table and sponge-tables are treated in the same manner, and all corners and places where dust can collect are carefully cleansed with

wet bichloride cloths.

The patient for three days before is given frequent baths, and as to purgatives is prepared as for other operations. The night

before the operation the entire abdomen, pubes, and vulva are shaved and well washed with soap and water. Over the abdomen there is then fastened a towel bearing a thick emulsion of castile soap. This towel extends from the umbilicus to the pubes; with this the patient sleeps. On the morning following, when the abdomen is again cleansed with water, the superficial layer of the skin is found free of all fatty matter. There is then placed over the original site of the soap-dressing a towel wet in bichloride solution, 1 to 1,000. This is not removed until the time of the operation. Before taking ether, the patient is clothed in a clean suit of flannel underwear. The under-vest is tucked well up around the chest, and covered by a sheet folded upon itself a number of times. The lower extremities are wrapped in blankets. The patient being upon the operating table, is covered above and below the abdomen by rubber sheets, then carefully surrounded by towels that have been sterilized for one hour in moist steam. The instruments lie in

water that has been previously boiled.

In all operations, the operator and his assistant, including the nurses, are covered by clean linen gowns. At major operations, our guests are required to wear long gowns, covering entirely their street suits. In the after-treatment of our vaginal, perineal, and cervix cases at present, we differ somewhat from that of former years. As far as possible they are treated without douching, and none are used during the first week unless indicated, or especially ordered by the surgeon. With the perineal cases, our desire is to keep them thoroughly clean, yet as dry as possible. Toward this end, some form of dressing is This is changed after each defecation, and whenever the patient passes her water, or has it drawn. With the changing of the dressing, the perineum is always irrigated with a bichloride solution. The dressing of the abdominal wound is one of a damp surgical antiseptic character, which is not disturbed until the seventh day, unless there is an indication. For abdominal sections, in case there may be required some iodoform gauze for packing a general oozing in the pelvis, a couple of fifteen-yard rolls, two or three inches wide, are always on hand. These, just before the operation are sterilized for one hour at 212° F., and kept near at hand in a closed jar ready for

In the after-treatment of our cases catheters are necessarily of frequent use. With us, as with all hospitals, these have been a source of considerable trouble and annoyance, both to the patient and to the doctor. All care possible may be exercised, and yet soon the rubber catheter roughens, and at no time can anyone absolutely say they are clean. Of late we have been using throughout the hospital glass catheters of a pattern a little different from the straight ones first introduced by Dr. Kelley, of Baltimore. These are boiled after each use, and kept covered by a watery bichloride solution. With these the vesical and urethral irritation following catheterization has been reduced to a minimum.

Turpentine as a Germicide and Antiseptic — Having learned the advantage of turpentine in preserving entomological specimens, Dr. Schleppergrell concluded to try its germicidal properties on the cases containing surgical instruments. bacteriological examination of the cases, made four weeks afterward, and compared with the examination of cases not provided with turpentine, convinced him of its efficiency, and he soon afterward applied the same principle to drawers containing towels, gauze, bandages, etc. The method is simple. pentine is placed in flat, large-mouthed bottles at the bottom of each case or drawer, the volatility of the turpentine causing the vapor to impregnate the surrounding air. Of late he has also placed surgical instruments, the night preceding an operation, in a flat dish containing oil of turpentine. The instruments are completely sterilized, are not injured by the submersion, and are easily dried with a piece of sterilized gauze. The odor can be removed by ether. The cheapness of turpentine and the ease with which it can always be obtained, added to its special adaptability in preserving the aseptic condition of instruments, bandages, etc., make it, in the author's opinion, a valuable addition to the list of antiseptics.—Medical News.

On the Treatment of Intussusception by Injection or Inflation, and its Dangers.—Dr. Mortimer writes in the Lancet on this subject:

In the cases of intussusception, which commonly occur in infants and young children, treatment by injection or inflation has certain obvious advantages. The author brings forward in this paper further evidence of the dangers which should, at least, induce the utmost caution in the performance of this method of treatment.

The author calls attention to the want of published evidence of dangers, shown in unsuccessful cases, and the difficulty of telling if damage is done unless a post-mortem examination is made. Before beginning the operation one should know (1) the best way to do it; (2) how much force may be used without danger. Few and vague directions are given in text-books

and special treatises.

The use of the bellows of Higginson's syringe, of siphons of aerated water, plugging the rectum to cause accumulation of intestinal gas, and that of generating carbonic acid gas, are all objectionable.

Insufflation is considered no less objectionable than injection of fluid. Water can be allowed to flow in from a tube and funnel, and the force indicated exactly by the height of the

funnel.

The rate at which water is passing and the amount injected can also be observed. Leaking can be prevented by Lund's instrument, or lint or a bandage may be rolled round the tube to form a slightly conical shoulder. Pressing the nates together is unreliable. There is no advantage in inversion. The effect of an injection as regards distention of the bowels depends on the obstruction and on the external support. The greater the general intra-abdominal pressure, the more is the distending effect neutralized. In infants under chloroform the large intestine is distended by almost the whole force of the stream.

During the last year the author has tried to find, as far as can be done in the post-mortem room, the amount of distention an apparently normal colon will bear without rupture. The experiments were made chiefly with children under two years of age.

The result is given in a table published in the original article. It seems, from this, that when the resultant pressure distending the colon is about two and a half pounds to the square inch (irregularly raised five feet) there is apt to be cracking of the peritoneum, which usually occurs on raising to eight feet; and under a pressure corresponding to only six feet there may, in some cases, be complete rupture of the bowel.

The writer has only had one opportunity of experimenting post-mortem on an invagination which occurred during life. The details of this experiment are given carefully. One interesting point is that after fifteen minutes with the irrigator raised two feet it was raised to three feet and rupture of the

colon occurred in four minutes.

Experiments of seven are quoted, showing that in cats intussusception of three days was reduced by insufflation in one case, but in the other a force necessary to reduce the invagination caused rupture of the peritoneum. The details of a case are given to show the risks of the practice. The symptoms and treatment are described. The necropsy showed three ruptures in the descending colon, and yet, though several injections were practiced, the greatest force used was that obtained by

elevating the irrigator three feet.

Mr. Bryant, in referring to similar cases, states his opinion that "under all circumstances the treatment by inflation is hazardous and dangerous, although success in exceptional cases may be recorded;" and that it is only justifiable in the first three days and in cases not presenting symptoms of acute strangulation. A serious objection to the operation, however performed, is that the conditions under which it is done can only be guessed at.

Manipulation through the abdominal wall is difficult and dangerous, for it may suddenly increase, during injection, the pressure on a softened part. There is uncertainty in telling when partial rupture has occurred. There is uncertainty in telling when reduction is complete, and the pressure being con-

tinued, rupture may occur.

Injection has an advantage against laparotomy, in being less dependent for success on personal skill, with suitable appliances and surroundings. But it is equally true that an experienced practitioner may do as much harm as the merest tyro. If the bowel is in a condition to be reduced at all it may be compressed and pushed out as evenly and safely by the fingers as by an injection; while the distention of the sheath, which occurs during the latter proceeding, so far from being an advantage, is, except, perhaps, in the first few hours, a great source of danger. It can hardly be alleged that with proper precautions abdominal section is the more dangerous, or that by its performance there is appreciably increased risk of either simple or septic peritonitis, such being frequently the direct consequence of invagination. Most of the arguments which have been brought forward in favor of early injection apply equally to early abdominal section, and it has been shown, both by experiment and otherwise, that the latter may succeed when the former fails. When an acute case has been allowed to go on for some time it is generally agreed that injection should not be attempted; even then, considering how extremely rare is spontaneous cure in children, by sloughing or otherwise, it is a question whether abdominal section may not in many cases be justifiable.—Archives of Pediatrics.

Gleet not a Trifle.—Dr. L. Bolton Bangs, of New York, expressed himself before the New York Academy, as believing

that gleet should not be considered one of the little things of life. It was the cause of much mental suffering, if not of moral torment, and to its cure the physician might well devote his time and highest degree of skill. He thought more attention might be given the pathology of the affection, which varied somewhat according to its location. In this direction the endoscope was of considerable value. It rendered the diagnosis more positive, and added safety and rapidity to the treatment. Regarding the application, he had come to rely principally upon solutions of nitrate of silver in varying strength. He did not think that in using this agent it was sufficient to simply inject; it should be placed upon the diseased spot. In some very persistent cases, having determined the location of the urethritis to be in the bulbous urethra, he had injected ten or fifteen minims of a solution of nitrate of silver, one or two grains to the ounce, held it there, kneading the parts so as to drive the solution into the follicles, which seemed to be in those cases the hiding-place of the disease.

Is Syphilis Aborted by Excision of the Initial Lesion?—Dr. R. W. Taylor, in a paper read before the New York Academy of Medicine, reviews the testimony of eminent authorities, and cites in favor of the inutility of excision the views of Berkeley Hill, Ricord, Rasori, Giber, and Mauriac. He presents also, in further evidence of the opinions of these writers, his own experience and convictions, confirmed especially by two test cases in which the conditions were most favorable for determining this vexed question, and in which, after the most thorough excision, the secondary symptoms were classically developed. Dr. Taylor accompanies his article with a colored plate, illustrating the early successive stages of syphilitic infection, based on the microscopic examination by Dr. Van Giessin of Dr. Taylor's specimen of excised chance.

The conclusions from Dr. Taylor's studies are that in the very first days of syphilitic infection, as shown by the chancre after the first period of incubation, the poison is deeply rooted beneath the initial lesion, and that it extends far beyond it; that it is in a most active state, and, running along the course of the vessels, it soon infects all the parts beyond, even to the root of the penis. These studies seem to warrant the conclusion that the virus is not localized to its point of entry and that it does not shut itself in by throwing out a dense wall of circumvallation, which later on disappears and allows of the exudation of the morbid products of the heretofore supposed closed-in

morbid focus. Clinical and pathological facts go to show that the infective process occurs very rapidly. That it is, therefore, utterly futile to rely on excision as a prophylactic measure after the chancre has appeared. The poison seems to strike at once for the smaller vessels, chiefly the veins, and to run along them with great rapidity, and with exuberant growth. Therefore, contrary to the ideas hitherto held, it is certain that in the first period of incubation the infection is going on rapidly and actively by diffusion, instead of, as we formerly supposed, smouldering in a cold and aphlegmastic manner in a sharply limited space.

Dr. Taylor is not prepared to state definitely, as a result of the facts demonstrated in these cases, that anti-syphilitic treatment should be instituted just as soon as the chancre is discovered.—Med. Age.

Lacto Cereal Food is a new product recently put on the market by Reed & Carnrick, New York. It is prepared from milk, cereals and fruit, and is not only palatable, but highly nutritious and easily digested. Great progress has been made in recent years in making foods to meet various indications. The Lacto Cereal Food is especially prepared for invalids, the aged, and for convalescents who need a palatable, digestible, perfect food for building up waste tissues at the least possible expense of digestive effort.—Dietetic Gazette.

Injuries of the Vaginal Outlet Occasioned by Parturition. Dr. Howard Kelly, of Baltimore, contributed a paper on this subject before the Ontario Medical Association. He thought that in considering the anatomical features of the vaginal outlet the physiological factors had been lost sight of. The anterior fibres of the levator ani muscle, which supports the vaginal outlet, extend to and are especially related to the support of the sides of the rectum. He distinguished between the different grades of injury to the vaginal outlet during parturition. 1. Begins at the fourchette and breaks down the lax tissue. This does not in any way affect the supporting structure of the vaginal outlet, and was therefore unimportant so far as the support goes. 2. A tear running up one of the sulci of the vagina, tongue-shaped, into the vagina. This resulted from the head and shoulders of the child tearing up the tissues at the side of the levator ani. The important part of the tear lies within the vagina. This injury, which often escaped notice, should be sought out and treated at once. Bring the patient to the edge

of the bed and get a thorough exposure of the wound. sutures are best, the first one passed must be in the upper angle of the wound; one or two sutures within the vagina are sufficient, and they must be passed so that the lowest and deepest part of the suture will be nearer the operator and the vaginal outlet than will be the point of entrance or exit; this tucks up the tissue in the proper manner. The common method is apt to leave a pocket or sac in the vagina, and the outlet is not properly supported. The old method also was to pass the sutures on the outer or skin surface first; this gave a good skin perineum, but a great wall is left within the vagina for secretions to collect. 3. A degree of tear which involves the integrity of the bowel, the rupture passing through the sphincter and up the recto-vaginal septum to a variable extent, and involving a tear of the levator ani fibres. This must be closed in two stages—suturing the bowel first, either by continuous or interrupted catgut sutures deeply placed. Then pass one or two silk sutures, passing them well back so as to afford good support. Silk was better to stand pressure than catgut. complete the operation by the superficial sutures as described, then the skin sutures. A well-performed immediate operation always succeeds in the absence of puerperal fever. It is always to be preferred: the patient is relieved from the discomfort of a second operation.—Medical Record.

Treatment of Fissured Nipple and Engorged Mammary Gland.—Painting with tincture of benzoin, while an excellent procedure for small superficial cracks of the nipple, is perfectly worthless in more advanced cases.

B. C. Hirst has found in hospital and private practice that excellent results can be secured in bad cases by the application of an ointment made up of equal parts of castor oil and subnitrate of bismuth. This mixture makes a very smooth, soft ointment, which relieves the pain, and is an excellent protective to the part. Before application, the nipple and surrounding skin should be carefully cleansed and disinfected, and then the ointment should be smeared on plentifully. If it is necessary for the child to nurse from the affected nipple, it can be allowed to do so without the necessity of removing the ointment from the nipple, as must be done if tannic acid or the salts of lead are used. This is a serious disadvantage of many forms of treatment recommended for fissured nipple, for the irritation of removing the substance employed as a local sedative neutralizes its action.

For the engorgement and pain in the mammary gland itself the author advises cloths wet with lead-water and laudanum, frequently renewed and kept in place by a binder or bandage, which also supports and compresses the breast. A breast-pump must be used or a glass nipple with a rubber tip.—University Med. Magazine.

Appendicular Colic in its Relations to Appendicitis.— The beginning of appendicular colic is usually sudden, though it may be preceded by slight pain in the abdomen and a sensation of heat in the right flank. There may be a precedent history of constipation. It naturally occurs in dyspeptic children with intestinal atony, and in those who are hearty eaters. The pain may come after a full meal, or severe fatigue, and in a few minutes may be intense, radiating from the right flank towards the epigastrium, and soon involving the entire abdomen. Vomiting and moderate tympanites will follow the maximum of pain upon pressure being felt in the right iliac fossa. The face becomes pinched, the pulse small, and the extremities cold, as in hepatic colic. In eight or ten hours the pain becomes less intense, the vomiting ceases, and in twelve to twenty-four hours the trouble will have disappeared. The following day the abdomen may be tender, but there will be no apparent induration in the region of the cæcum, no intestinal engorgement or cæcal obstruction. Purgation will be followed by the normal condi-Such a history may be repeated several times before the phenomena of appendicitis are apparent,—that is, this form of colic may exist independently of appendicitis; it may precede an attack of this disease, or it may mark the beginning of the disease. The cause of this condition is usually a foreign body, in most cases a scybalous mass in the lumen of the appendix. Should this mass pass into the cæcum, pain will at once be arrested; should it remain, appendicitis will be excited, with or without perforation. The symptoms are quite suggestive of hepatic colic, but when analized the latter condition can usually be excluded. The pains of appendicular colic usually radiate from the right flank to the epigastrium and thence to the left flank. They are located lower in the abdomen than in hepatic colic; in the latter they are in the right hypochondriac region and in the epigastrium. In hepatic colic the pain radiates to the back or to the shoulder, and pressure yields the maximum of pain in the epigastrium or under the false ribs of the right side. In appendicular colic there is no icteric discoloration of the urine, and no icteric hue of the skin. In nephritic colic, on the other hand, the pain radiates to the bladder, to the penis, and there is frequent desire to urinate, which will suffice for its differentiation from hepatic colic.—

Archives Pediatrics.

Treatment of Typhoid Fever by Chloroform.—Dr. Stepp has reported in the Lancet eighteen cases of typhoid fever treated by the internal administration of chloroform. In most of these cases he gave about six drops of chloroform in two ounces of water thrice daily, but occasionally made a slight change by the addition of a scruple of quinine. The result of this treatment was that in a few days drowsiness and delirium disappeared, the dry coated tongue became moist and the general state considerably improved. The temperature fell considerably in from eight to ten days, the stage of remissions was cut short and convalescence accelerated.—Occidental Med. Times.

Treatment of Burns.—Rottenburg (Therapeutische Monatscheft) employs the following treatment. Blisters are not opened, but are pierced with a silk thread, soaked in sublimate solution and left in place. The whole burned area is then spread with a ten per cent. iodoform-vaseline, and is covered with gummed paper or silk; the salve should be renewed daily. By this plan, pain is relieved at once, and cicatricial contraction is rare.—Univ. Med. Mag.

If there is one thing from which PRACTICE is free it is the presence of typographical errors. Our June number, however, proved an exception to this rule. By reason of some accident our "revised proofs" were completely overlooked, and the type went to press without the proper supervision. We especially call attention to the "Kernel" of Dr. Chisolm's paper on page 162, where, in the seventh line, it should read one ounce, instead of "one drachm." Also, in the last line, read uselessness, instead of "usefulness."

RACTIC



Yol. V.

JULY, 1891.

No. 7.

Editor-J. F. WINN, M. D.-Proprietor.

ALL ARTICLES must be short and practical, and, when possible, authors are requested not to exceed 1000 words

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Dr. J. F. WINN, Richmond, Va.

·Cold Water Internally to Typhoid Fever Patients.

Dr. Beverly Robinson is out in a paper claiming for the liberal use of cold water internally effects as good as those following Brand's cold bath. If the poison of typhoid is eliminated through the kidneys, then this flushing with water seems philosophical. He experienced no difficulty in giving from four to six ounces of water every two hours, in addition to the three or four pints of milk the patient took daily.

Dr. Frank Hamilton Potter-

The associate editor of the Buffalo Medical and Surgical Journal, and son of Dr. William Potter, of Buffalo, N. Y., died July 16, after a short illness. He was a frequent contributor to medical literature. Personally, he was a most genial and courteous gentleman. Our sincere sympathy is extended to his bereaved family.

Prof. Francis Peyre Porcher, M. D., LL. D.

The University of South Carolina, at the Commencement in May, conferred the title of LL. D. on Dr. Peyre Porcher, the venerated and distinguished Professor of Therapeutics in the Medical College of South Carolina.



Vol. V.

AUGUST, 1891.

No. 8.

Original Department.

AN INTERESTING HYSTERECTOMY.

BY

I. S. STONE, M. D.,

Surgeon to Columbia Hospital.,

WASHINGTON, D. C.

Maggie Hawkins (colored), age said to be thirty-four, was admitted into Columbia Hospital early in June and assigned to me for operation for abdominal tumor. The history of this patient is quite obscure, and although she claims to be only thirty-four, appears to be at least fifty years old. My attention was called to her by Dr. Scott, the resident physician, and I only saw her twice before operation, the staff agreeing that operative treatment alone could be of service to the patient. The patient strongly urged operation, which was done on June 11th. Present: The staff and several visitors; assistant, Dr. Kelly, of the hospital. Upon opening the abdomen a most interesting complication became at once apparent. The omentum was adherent, and spread nicely over the anterior aspect of the growth—a hard myoma—which was with some difficulty brought through an incision extending above the umbilicus.

The veins of the omentum were distended almost beyond recognition, averaging a lead pencil in size, although many were as large as the index finger, and resembled intestines in appearance. only rather darker in color. Much time and many ligatures were required to tie off the omentum and deliver the tumor, when a second growth was discovered, nearly as large as the first, and to which nearly all the abdominal organs were adherent. The stomach and pancreas, slightly attached, were easily separated, but the large intestine snugly encircled the tumor and could not be separated without great danger of tearing. It occurred to me that less risk would be incurred by separating the capsule from the tumor and leaving it attached to the colon. This was done by using first the scissors, and then completing the enucleation with the finger, thus avoiding hemorrhage as much as was possible. Finally, the bladder was dissected off, an elastic ligature applied, and the mass cut away. The pedicle was inverted and arranged for the combined intra and extra peritoneal method of treatment, but after sewing the parietal peritoneum to that of the pedicle, I concluded to apply the wire clamp with usual external method of treating the wound. A drainage tube was inserted, and remained about thirty hours. The patient was put to bed with but poor prospect for life, but she rallied gradually from the anæsthetic, and for several days required constant watching, and for a part of the time was so violent as to require tying in bed. constant danger of accident to the glass drainage tube and dressing, all of which were kept in motion by the contortions of the patient's body, and her hands when she could use them. This delirium gradually wore away, and then succeeded a condition of irritability and "fiendishness," which, in turn, subsided by the time she left the hospital, in three weeks after operation. I learn from her relatives that she has been unsound mentally only since the growth was found, and at present it seems probable that she may entirely recover.

Besides the dilated veins and adherent organs, the omentum was undergoing a cystic degeneration; long cystic skirting or fringing the omentum, most of which was returned into the abdomen without interference. I shall in due time report the mental condition of this patient, and we shall see if the operation proves curative.

It is interesting to observe how many silk ligatures may be tolerated within the peritoneal cavity, as in this case at least two dozen were required. The tumor weighed about twenty pounds. Five hystero-myomectomies done by myself in Washington have resulted in as many recoveries. One of these was done in Providence, and four in Columbia Hospital. In all cases the operation was done after other treatment had failed to benefit the patient. With the exception of the case reported in this article, I had no cause for anxiety about the patient at any time.

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month.]

Manual Delivery in Head-Last Labor.—Professor Theophilus Parvin discusses this important subject in the *Annals of Gyn. and Pediatrics*, first illustrating with the following case, with comment:

Mrs. ——, primigravida, had spontaneous rupture of the membranes at the end of pregnancy; the amnial liquor, at first escaping with a gush, gradually dribbled for some twelve hours before labor came on. I found the pelvis presenting, the sacrum of the fœtus being at the right sacro-iliac joint. I had the patient remain lying down, hoping that thereby some of the liquor might be retained, and thus the child's life be less imperiled. At the end of eight hours the os was fairly dilated. Without much difficulty I got my finger over the right, that is the anterior, ankle, and grasping it between the finger and the thumb, gently drew it externally, thus ending the double flexion of leg and thigh. No further effort was made to deliver at that time, the sounds of the fœtal heart being normal. In half an hour the breech was pressing the pelvic floor, and dilatation of

the vulval orifice began. There being no indication furnished by the condition of the fœtus for immediate delivery, I waited another half hour, lessening the amount of ether, which the

patient had been taking quite freely.

Just before the pelvis emerged, its delivery being assisted by slight traction upon the limb which had been brought down, I had the patient placed across the bed, her feet resting upon chairs, and the anæsthetic was discontinued. Vigorous pains and avoidance of traction secured the arms in their normal position upon the chest; in other words, neither arm ascended. With the expulsion of the chest rotation of the face into the sacral cavity was assisted by a corresponding movement of the body. Next the ankles were grasped with the fingers and thumb of one hand, the body and lower limbs thus lifted up in a nearly perpendicular direction, two fingers of the other hand placed in the mouth and traction made upon the lower jaw, while the nurse was instructed to make constant supra-pubic pressure. The flexion of the child's head upon the chest was chiefly secured by pressure upon the inferior maxilla, but this was assisted by traction upon the child's lower limbs, for thus the occiput was made to press upon the unyielding pubic joint, contributing to rotation of the head upon its transverse axis, and assisted also by the external pressure. The child made an inspiration, the fingers in the birth canal and the pressure opening the mouth, the entrance of air was facilitated. pressure and traction the head was soon delivered, and the child in a few minutes was crying vigorously; it weighed nearly eight pounds, and it has continued well, now some two months. The perineum suffered no injury.

The last fact will be considered first. That the perineum often, if not usually, is untorn when the head comes last, has long been a common observation. But I think it is only comparatively recently that the true reason for this exemption could be given: the perineum does not tear, because it does not elongate, and it is not stretched longitudinally, because one or both limbs brought down by the obstetrician prevent it; a thinned perineum greatly increased in length is almost sure to tear, no matter what the presentation, for the material for lateral stretching is used in longitudinal, and thus is not avail-

able.

When rupture of the membranes occurs in a primigravida several hours before labor begins, the chances that the child, if the pelvis presents, will be still-born are great. Nevertheless, the fortunate result that occurred in the case which has been reported leads me to hope that a similar practice may

lessen fœtal mortality.

The points that I would like to emphasize in the conduct of the case, hoping that their consideration may be helpful at least to some practitioner, are, first, the abstinence from interference until the os is completely dilated, and then simply bringing down one foot, never, even though this is done, hastening delivery by traction on that foot, unless the condition of fætus or mother demands immediate action; for such illtimed traction will frequently result in ascension of the arms, which means delay in delivery at a critical period, the liability to injurious pressure upon the cord, and quite possibly fracture or fractures in restoring the displaced members. Next, if an anæsthetic is used, let it be discontinued when the time approaches for immediate delivery of the head, lest the voluntary efforts of the patient may be lessened. The position of the patient should be that which will facilitate the manipulations of the obstetrician. Let the two fingers used to secure head flexion be passed within the mouth, so that they will press upon the lower jaw, and not applied externally upon the upper jaw, because by the former method the entrance of air into the child's lungs is best assisted, should it make an inspiration. For the reasons that have been given in the report, I much prefer that the nurse should make supra-pubic pressure. and not the obstetrician, one of his hands being used to raise the child's body, and to use moderate traction through the grasp upon the ankles, while two fingers of the other hand draw upon the lower jaw in the method described. In one of the manipulations just mentioned, the method pursued differs somewhat from that generally advised, but I believe the difference, though apparently slight, is of importance.

Several different ways of delivering the head having been advised, it seems to me best, after reflection, to state that the one generally regarded as superior, which has been thus spoken of in this paper, and which Winckel states will soon supersede all others, is that known as the Wigand-Martin method, and is thus described by him: "The first and second fingers of the hand whose palm corresponds to the face are introduced into the mouth, and the lower jaw is directed to the middle of the pelvis, after which the body is placed astride of the arm, and then the fœtal head is forced down through the small pelvis by pressing upon the occipital region. The seizure of the chin serves less for traction than for directing the passage of the head outward, which latter is accomplished mainly by the

expression." In this manipulation the obstetrician works without assistance; but in that which I have suggested the external pressure is made by the nurse, while with two fingers of one hand in the mouth of the fœtus the former makes flexion, guidance and traction, and assists, too, by drawing upon the lower limbs, both flexion and delivery.

Clinical Observations on the Use of Bovinine.—There appear in the medical journals from time to time reports of the results obtained from the use of certain drugs or medicinal agents, which, although the information may not be new, are an aid to the practitioner simply from his being reminded of them. It is the same in reviewing an old book; we are very likely to come across some good suggestions which had passed out of our It is in the line of a reminder that I recall bovinine. We have all used it, some to a greater extent than others. There are certain cases where this blood renewer (for such it is, pure and simple) can have its place taken by nothing. anæmic individuals with feeble digestion, where easy assimilation is desirable, a tablespoonful of bovinine, together (if the stomach will bear it) with a tablespoonful or two of Royal Tokay wine, is a most useful tonic, and is especially valuable for anæmic or chlorotic females troubled with amenorrhea. It is one of the very best adjuvants to proper medication in this class of cases. Bovinine is not a medicine per se; it is a food. It is even more than a food; it is, as Prof. Waugh, of Philadelphia, asserts, "one step beyond a food: it has received the finishing touches and has become the vital fluid itself; and whatever there may be of that mysterious quality known to us as vitality, this fluid alone possesses it; for it is blood, and consists of the juices of lean, raw beef, obtained by a mechanical process, by neither heat nor cold, and contains by weight 26 per cent. of coagulable albumen, besides a small quantity of alcohol and boracic acid; and its mission is to supply blood to the impoverished system. Hence it is one of the most rational and efficient remedies we have with which to replenish the body which has lost a large amount of blood from hemorrhage. After railroad accidents, capital operations, "flooding," etc., it is the renewer to the exsanguinated body upon which we may rely. In a case of "crossbirth," which occurred in my practice, complicated with placenta prævia lateralis, in which there was considerable hemorrhage before the placenta could be detached, and also in which the patient experienced considerable shock and weakness on account of the manipulations of "turning" and loss of

blood—after the immediate stage of stimulation, which had to be resorted to to keep the patient's heart beating had passed, she was ordered bovinine, a tablespoonful to be taken four or five times a day, until gradually she could take milk and other light but nourishing food. I have found bovinine of service in the treatment of gastric catarrh, and as a sustaining measure, given in small quantities to children suffering from summer diarrhea, as well as from anæmia and scrofulosis. In typhoid fever with ulceration it will probably be absorbed by the intestinal tract more perfectly than any other food. Another valuable use to which bovinine may be put is in cases where feeding by the rectum is required. It seems to be the most reasonable food which can be introduced into the system by mere absorption. It is recommended when employed for rectal feeding to add to each ounce of bovinine ten grains of pancreatic extract and two ounces of water. Bovinine may be prescribed alone, or given in addition to iron, quinine, arsenic, strychnia, appropriate wines, or any tonic which may be indicated in any given case. Its taste, not more disagreeable than that of blood-for that is what it is—may be masked by taking with it some simple bitter, milk or wine. As a blood supplier it has no superior, and for feeble stomachs, where but little food can be borne, and it is desirous to have that little nourishing; for individuals in whom the corpuscular elements are few: and for those in whom the blood supply is small, owing to loss through hemorrhage, etc., this valuable remedy will be found most serviceable. latest use made of bovinine is as a local stimulator to sluggish circulation about indolent ulcers. This is a novel and simple way of invigorating indolent ulcers, and one worthy of trial in this class of cases which so often baffle the best efforts to heal. From the facts presented it will be seen that in bovinine we have a revivifier which is no less than the vital fluid itself, taken from the beef, and so prepared as to render it assimilable in the human tissues.—Dr. G. H. Pierce, in New England Med. Monthly.

Mistakes of a Physician.—First—To promise a patient that you will cure him.

Second—To promise to call at an exact specified time. Third—To promise that the malady will not return.

Fourth—To promise that you can render more efficient service than your fellow practitioner.

Fifth—To promise that your pills are not bitter or that the knife will not hurt.

Sixth—To promise that the chill or fever will not rage so high to-morrow.

Seventh—To allow your patient to dictate methods of treat-

ment or remedies.

Eighth—To allow yourself to be agitated by the criticisms or praises of the patient's friends.

Ninth—To allow yourself to buoy the patient when the case

is hopeless.

Tenth—To allow yourself to make a display of your instruments.

Eleventh—To allow yourself to experiment or exhibit your

skill uncalled for.

Twelfth—To allow yourself by look or action in a consultation to show that you are displeased, and that if you had been called first matters would have been different.

Thirteenth—To allow yourself to indulge in intoxicating

beverages.

Fourteenth—To allow yourself to rely wholly upon the subjective symptoms for your diagnosis.

Fifteenth—To allow yourself to tell the patient you are pre-

scribing saccharum album when you are giving calomel.

Sixteenth—To allow yourself to give arsenic and quinine when a bread and water placebo will answer.

Seventeenth—To allow yourself to tell Mr. Smith the weak

places and irregularities of habit in Mr. Jones' family.

Eighteenth—To allow yourself to give your services or an opinion without a reasonable fee or a reasonable expectancy.—Kansas Med. Journal.

The Local Treatment of Dysentery.—Dr. H. C. Wood contributes the following article to the August number of the

University Medical Magazine:

"There seems to me to be in modern medical thought a very strong tendency to consider disease as constitutional rather than local. I do not doubt but that there are one or more forms of dysentery dependent upon the presence of poisons in the blood, but I feel very confident that the dysentery, as we see it ordinarily in this climate, is essentially a local inflammation, independent of any blood poisoning. If this be true, the disease should be especially amenable to local treatment. It is true that the ordinary treatment, which seems not to be local, really owes much of its efficiency to a local influence. Thus, the purgative acts by a purely local depletion; the mercurial, or the ipecac, by a local stimulation of the glands involved;

whilst the bismuth spreads itself upon the mucous membranes and by its local action lessens inflammation. It has seemed to me, however, worth while to draw the attention of practitioners to the value of the direct application of remedial agents to the affected parts.

"Many years ago I published a series of cases of chronic dysentery, demonstrating the extraordinary efficiency of forced enemata containing one half a drachm to a drachm of nitrate of silver dissolved in two or three quarts of water, and further experience has corroborated all that I said. Indeed, from time to time have appeared papers in the medical journals proposing

the treatment as both novel and efficacious.

"In acute dysentery, involving the colon high up, I have found large enemata, containing two to three drachms of subnitrate of bismuth, much more efficient than the exhibition of bismuth by the mouth. When the symptoms are severe, this local treatment may often be preceded with advantage by washing out the colon with large quantities of cold water. I have never used injections of nitrate of silver in acute dysentery, although the effect of the local application of the nitrate in other inflammations of mucous membranes would justify trial of the remedy. I have seen, in one or two cases, large enemata of very hot water injected without affording relief, and believe that hot water enemata are, in their ordinary results, not at all comparable with large injections of ice-cold water.

"When the lower part of the colon is affected, the local use of ice sometimes has an almost marvelous effect. I have, indeed, seen the whole aspect of a very severe and alarming case, in which the symptoms indicated that the colon was affected high up, changed in a single hour by the continuous use of ice suppositories. While it is not necessary to have the pieces of ice entirely regular in shape, care should be exercised that no sharp edges are left. The suppositories should be rapidly used, one being put into the rectum every three to five minutes, so as to get, for at least half an hour to an hour, the

effect of the continuous application of cold.

"When the tenesmus is very severe, iodoform suppositories are often much more efficient than opium in bringing relief.

"A remedy which has been from time to time recommended very highly in dysentery, but has not, I think, been much used, is ergot; and when the passages contain large quantities of blood, or are nearly pure blood, the extract of ergot would seem to be indicated. I have never myself used ergot by the mouth in these cases, but have employed suppositories containing twelve grains of extract of ergot and four grains of iodoform, used every two hours until four or five suppositories had been

taken, with seemingly great advantage.

"I do not mean to advocate the local treatment of dysentery as a substitute for the use of mercurials, purgatives, and ipecacuanha, etc., but as a very important adjuvant to the older forms of treatment. Nevertheless, in my experience, the effect of local remedies has been more prompt and decided than that of drugs given by the mouth; but in case of any severity the attack upon the disease may be made from each end of the mucous tract."

On the Local Treatment of Strangulated Hernia by Ether. In 1882, in the Berliner klin. Woch., No. 30, Dr. Finkelstein gives, from his own practice, sixty-three cases of strangulated hernia. Of these five yielded to taxis. In fifty-eight he employed "local etherization," taxis having failed, and of these fifty-four proved successful. Of the four unsuccessful cases two underwent surgical operations and two died refusing operative treatment.

Since then (Berliner klin. Woch., May 18, 1891), he has had numerous successful cases reported from others and six in his own practice. As he remarks himself, the number of cases is sufficiently great, and the successful results speak plainly enough to give his method a status in the practice of medicine,

or, at all events, a more extended trial.

The method is simplicity itself. The patient is placed on his back, with the hips slightly raised and the legs flexed, and then every ten minutes or a quarter of an hour a tablespoonful of sulphuric ether is poured on the hernia-ring and tumor. The application of ether is carried on for, as a rule, from three-quarters to three hours (or even four hours) until the tense tumor relaxes and lessens a little. As soon as this occurs, and if the strangulated bowel does not reduce itself, several slight efforts are made to reduce it, and almost "always" it slips with a gurgle and amazing ease into the belly cavity.

If the omentum alone be strangulated, the ether method is absolutely useless. As the ether causes an after feeling of heat and burning on the penis, labia, etc., Dr. Koch (America) protects these and other sensitive parts by previously smearing them with olive oil, and in addition covering them with pledgets

of cotton wadding.

The ether seems to act thus: Richter, Velpean and others hold that strangulation may in some cases be caused by spasm of the abdominal orifice. In these cases the ether may act by relaxing the spasm and thus rendering the bowel movable. That may be so, our author remarks, but he himself lays most stress on the property ether has of producing intense cold by rapid evaporation. The intense cold condenses the gas in the bowel, and by so doing diminishes its calibre. Possibly, also, the cold stimulates the peripheric nerves in the bowel sheath, and excites it to natural peristaltic action, which is more likely to empty it of gas, fluid, and semifluid contents than the rude manipulations in taxis.

Hence it follows, the less the vitality of the bowel is impaired by taxis, the more successful will be the etherization process.

The method certainly deserves a trial.

Note on the Value of Peroxide of Hydrogen in Gynæcology.—Dr. Alexander Duke, F. R. C. S. I. Dub., writes to the Lancet, July 18: "The value of peroxide of hydrogen as a detergent and purifier has long been known, and when applied as a dressing to foul ulcers (syphilitic or otherwise), has given good results. Some time since, while treating a case of sepsis in which pus was freely discharging from abraded surface on vaginal wall, I thought I would try the effect of the peroxide. had previously had the part twice daily syringed with weak solutions of carbolic acid, iodine, sanitas, and Condy's fluid without much effect. I found the solution of peroxide act as a charm in checking the secretion gradually, cleansing and healing the abraded surface, and producing no irritation; and I venture to suggest it as a suitable application, more especially to the female genital tract. One teaspoonful added to half a pint of warm water gradually increased in strength will, I feel sure, be found a valuable addition to the many antiseptics used in such cases. I may also suggest that in all cases where there are symptoms denoting septic absorption during the lying-in period a close examination of the vaginal walls and cervix uteri for tear or abrasion should be made, and, when discovered, the part thoroughly cleansed and cauterized with strong carbolic acid. I believe I can attribute the recovery of more than one patient, whom I had been called to see in consultation, to the adoption of this plan. But I much prefer the prevention of such accident by flushing the uterus with hot water directly after labor, examining at the same time for any tear or injury, and cauterizing or suturing the surface then and there. I hope the suggestions thrown out may be found of value in practice by both the obstetrician and gynæcologist, and contribute in some measure to the alleviation of suffering."

Washing out the Large Bowel in Dysentery.—Dr. Peter S. Korytin, of Novotcherkask, describes (Vratch, No. 42, 1890, p. 951) fifteen successive cases of diphtheritic (nine cases) and catarrhal (six) dysentery, which he treated daily with warm (30° Reaum.) large enemata of six pints either of filtered water from the tap, or a carbolic acid solution (from ten to twenty grains to six pints of distilled water). Only one of the patients died, the remaining fourteen making excellent recoveries. The total number of the injections in individual cases varied from one to six, averaging two and a half. The injected fluid was retained by the patient mostly from five to ten minutes, being sometimes expelled in one or two, and in other cases in from fifteen to twenty minutes. The following effects were commonly observed: Abdominal distention and pain speedily subsided, the frequency of stools diminished and tenesmus decreased, the spirits, appetite, and sleep quickly improved, the stools soon became painless, more solid, and free from offensive odor, mucus, blood and sloughs or shreds, while the temperature became normal. No therapeutical difference whatever was noticed between carbolic and simple enemeta. appears, therefore, that the beneficial results of the treatment should be attributed simply to the thorough washing out of the large intestine.—Med. Age.

A New Remedy for Ivy Poisoning.—Dr. James J. Levick, of Philadelphia, writes to the *Medical News*: "In a case of poisoning of the hands from *rhus toxicodendron*—poison oak—recently under my care, which had reached the vesicular stage and was attended with much swelling and burning, the happiest results promptly followed the free dusting of the powder of aristol on the affected parts. The change was almost magical, so sudden and prompt was the relief afforded. Might not this powder, applied in the early stage of the disease, do much toward preventing the ulceration and pitting of variola?"

The Treatment of Diphtheria (Prof. Loeffler).—The sublimate possesses a very decided action on this specific bacillus. Solutions of 1-10,000 rapidly destroy the germs deposited in the culture liquid; but in order to destroy the bacilli situated in the deeper tissues, it is necessary to use a solution of 1-1,000 for a period of twenty seconds.

The cyanide of mercury possesses the same bactericide action,

but to a somewhat lesser extent.

The silver preparations give excellent results; while, on the other hand, chlorate of potash is absolutely inactive at 5-100.

Bromine does not seem to sustain its reputation, as a solution of 1-300 is necessary to destroy the culture germs, and one of 2.5 per cent to destroy the bacilli.

Chloride of lime and chlorinated water exhibit an energetic

action.

Absolute alcohol and ether immediately destroy the germs. The same result may be obtained with a solution of carbolic acid at 3 or 4 per 100.

The essences, in form of vapor, destroy these germs; but if brought in contact with the bacilli for a period of twenty sec-

onds their development is not arrested.

The author arrives at the following practical conclusions: As a prophylactic measure in case of an epidemic, healthy persons may gargarize every three or four hours, for five or six seconds, with a solution of sublimate at 1-10,000 or 1-15,000, or, better still, with a solution of one-eighth to 10,000 of cyanide of mercury, which possesses a less disagreeable flavor. We may also use chlorine water (1-100 and thymol (1-500 and 20 per cent. alcohol). These gargarisms should be used every three or four hours.

Among the volatile substances, we may employ the essences of lemon, of eucalyptus dissolved in ether, and introduced into

the nostrils by small pieces of absorbent cotton.

Patients should gargarize every one or two hours with feeble solutions, and every three or four times with a solution of sublimate, 1-1,000, or carbolic acid at 3 per cent. in 30 per cent. of alcohol, with a mixture of alcohol and turpentine, each, with 2 per cent. of carbolic acid. In the intervals, applications may be made to the throat with a solution of carbolic acid at 5 per cent., chlorine at 1-100, bromine at 2 per cent.

At Missler's Clinic, excellent results have been obtained with the sublimate and carbolic acid. Patients quickly become accustomed to the disagreeable taste of the latter. After several days of this treatment bacilli are no longer found in the

false membranes.

The diphtheria of scarlatina is very favorably influenced by the divers antiseptics. These patients support very well carbolic acid and seem to possess an immunity against symptoms of intoxication which are sometimes observed in other cases.—

La France Medicale—Times and Register.

An Experimental and Clinical Study of Ergot.—In a series of carefully and elaborately conducted experiments at the Biological Laboratory of John Hopkins University, on the physic-

logical effects of ergot, Dr. John C. Hermeter has arrived at a solution of some of the vexed and antagonistic theories of the action of this drug. He employed various preparations of ergot, and states, "I concluded to resort to the fluid extract of ergot, but found this as obtained from various sources very variable, both in physical properties and therapeutic efficacy, some specimens having a very offensive odor. In two German preparations of ergotine and one liquid ergotine prepared in Basle, Switzerland, and specially recommended by the manufacturer for hypodermic use, a very unpleasant feetid odor, reminding one of decomposed organic matter was noticeable, and the last named used hypodermically proved very irritative, causing an abscess, in a patient suffering from goitre. My attention was at last called to a form of liquid ergotine made in Baltimore, by Sharp & Dohme, which gave evidence of being a standard preparation, both in clinical and experimental application. have had some of this ergotole in my possession for nearly ten It has deposited no sediment, has a fresh and pure odor, and is very effective. This ergotine solution, which is the most concentrated liquid preparation of ergot that can be obtained, has since become known under the name of ergotole. the experiments to be described this form of ergot was used."

He then goes on to describe his experiments made upon rab-

bits. The objects of the experiments were:

1. To determine whether the contractions of the uterus by

ergot is of centric or pheripheral origin.

2. Whether the peristals of the intestine is increased or diminished by ergot. If increased, whether this be due to a centric or pheripheral action of ergot.

3 Whether the cause of the contraction of the blood vessels

in the omentum is central or pheripheral.

4. Whether ergot produces a rise or fall of blood pressure. Whatever change occurs, is it due to an action on the heart and arteries or on the spinal cord.

5. The action of ergot on temperature.

The experiments are then described at length. Ergotole is injected in quantities varying from 0.25 G. G. to 1 C. C. and its active physiological effect being demonstrated in from 3 to 5 minutes, the spinal cord is destroyed by means of a white hot wire, after which injections of even 2 C. C. are productive of no results, while electrical stimulation will still produce energetic uterine contractions.

(See Phil. Med. News, Jan. 31, 1891, pp. 133 to 139.)

From these experiments he deduces "that ergot in producing

contractions of the uterus, acts primarily and essentially upon the lumbar cord, i. e., its action in causing peristalsis of the

uterus is centric, not pheripheral."

His experiments with ergotole to establish whether the drug causes intestinal peristalsis by local action or by exerting an influence upon the spinal cord, he formulates by stating that, "It is justifiable, therefore, to conclude that ergot, in producing intestinal peristalsis, acts directly on the cord, and only reflexly upon the intestines, its action in this case, too, being centric, not peripheral."

From his experiments with ergotole upon the contractions of the arterioles he concludes "that ergot produces constriction of the arterioles and capillaries in the omentum and ear of rabbits and in the frog's web as long as the cord and the vagi are intact. These being destroyed, constriction is no longer produced by the drug; its action in this case is centric, not peripheral."

He now proceeds to employ ergotole in the investigation of its effects upon the blood pressure, and makes the following deduc-

tions:

1st. Ergot reduces the number of pulse beats per minute.

2d. In the isolated frog's heart it reduces the force of the contractions.

3d. It exerts a local poisonous influence on the heart of the batrachian, as well as on that of the animal when injected into the jugular vein.

4th. Its main action, however, is exercised through the influ-

ence of the central nervous system.

5th. It raises arterial pressure when injected into the jugular vein of animals. The rise is preceded by a primary depression due to the local action on the heart.

6th. It is impossible at present to decide whether this local action is due to an influence on the heart, muscle, or on the cardiac ganglia.

Further experiments demonstrated that ergot causes a fall in

temperature.

(See Philadelphia Medical News, Feb. 7, 1891, pp. 152-158.)

The author next proceeds to a clinical study of ergot, and states that "the therapeutic effects of few drugs correspond so closely with their physiological action as do those of ergot."

Upon the power of ergotole to constrict the arterioles and to cause arterial and capillary anæmia, depends its application in a large number of diseased conditions. It is of value in all hemorrhages. It has been successfully used in hemoptysis, hematemesis, epistaxis, hemorrhage from the gums, renal, he-

morrhoidal and vesical hemorrhages; in the bleeding caused by carcinoma; and in the hemorrhage dependent upon a dyscrasis, as purpura hemorrhagica; in menorrhagia and leucorrhæa, which are produced by endometrial congestion. Ergotole is found of value in the colliquative sweating due to relaxation of cutaneous capillaries; in enlargement of the spleen, and in vascular goitre. It has been used in the successful

treatment of aneurisms of various arteries.

Ergotole has also been advantageously used in congestive head-aches and in impaired vision from congestion of the retina incident to dilated or hypertrophied heart. Intestinal catarrh with diarrhœa, due to congestion of the intestinal mucous membrane, is a special indication for the use of ergotole. In cases of dysentery, which proved rebellious to treatment with astringents, bismuth, opiates, and even flushing of the large intestine, recovery occurred when the drug was persistently used. Its action was more immediate and more lasting when the ergotole was injected through a long rectal tube than when given in the mouth or hypodermically. It has also been successfully used in chronic diarrhea.

Ergotole has also a place in the therapy of certain affections of the heart, as in aortic insufficiency and so-called idiopathic dilatation of the heart; also in cases of arterio-sclerosis.

The writer has no new applications for the drug in labor, but states its applicability under the rules collated by Kehler,

and given in most standard works.

Schatz, in his paper on the use of ergot, contributed to the Third German Gynecological Congress at Freiburg, concludes that the contractions of the uterus produced by ergot do not differ from the normal; that the action of ergot begins fifteen minutes after its administration by the mouth and is greatest in thirty minutes; hence it should not be given oftener than once in the hour. Small doses should be given to avoid tetanic contractions, which are an evidence of toxic action.

In gynecology, ergotole has been used in removing uterine fibroids by strangulating their vascular supply and by causing uterine contractions. It has been of benefit in cervicites, in gonorrhœa, in paralysis of the bladder from distension, or in

that due to cerebral or spinal lesion.

The writer has used ergotole with great success in cases of pneumonia and bronchitis. A chart is given with the record of the pulse-rate and temperature showing both to decline rapidly under the use of xv. gtt. of ergotole given every three hours. Cases are also alluded to, treated by Dr. N. S. Davis. who treated them successfully with this drug, sometimes in connection with digitalis.

We believe that ergotole exercises a very decided effect upon

the pulmonary vessels.

Transudation has been proved by a very large number of observers to depend upon the permeability and elastic distensi-

bility of the blood vessels.

From these facts we cannot fail to realize what a powerful agent this drug is in checking inflammatory exudation, as clinical experience has undoubtedly proven it to be in the first stage of pneumonia. If transudation depends upon the permeability and elastic distensibility of the vessels, we know that ergotole, by constricting these, can reduce perivascular engorgement.

If transudation is associated with increased heart's action we

know that ergotole reduces the number of heart beats.

If the beginning of pneumonia exudation is associated with hurried breathing, we know that ergotole reduces the number of respirations.

If transudation is connected with fever, we know that ergotole

reduces temperature.

If the fever in inflammatory exudations lowers blood pressure,

we know that ergotole raises it.

All these physiological effects directly counteract the main features of the pathological process, and check further transudation, while the lymphatics carry away the exudation that has

already occurred.

Ergotole may be advantageously used in certain cases of epilepsy, cases of grand mal, who complain of hemicrania during the intervals of rest. Here an opththalmoscopic comparison of the fundi ocolorum should be made, and if congestion is evident in one or both, ergotole should be tried. Among the symptoms that should direct attention to possible cerebral congestion contracted pupil, hemiopia and diplopia, supraorbital pain and narrowing of the field of vision, and aggravation of the symptoms by the recumbent posture and acts involving deep inspiration, as blowing, sneezing, etc.

Ergotole is found efficacious in cases of nervous disease when the symptoms indicate hyperæmia and congestion of the spinal or cranial meninges, or an acute inflammation of the cord-sub-

stance.

In the treatment of the psychoses, in which ophthalmoscopic examination justifies us in diagnosticating, intra-cranial congestion, and perhaps inflammation, ergotole has proved to be a valuable adjunct to other means of treatment.

Nature and Treatment of Senile Heart.—Balfour (Edinburg Med. Journal) considers senile heart as synonymous with gouty heart. Where there is pronounced gouty diathesis, he believes colchicum in connection with a heart tonic as the best

possible medicinal treatment.

Rest, the author considers, is a most important factor in the treatment, many cases recovering their usual vigor by rest alone. Irritability, the author considers, is the first sign of a senile heart; fits of palpitation and slight irregularity come on without any exciting cause. Many cases may feel only a slight uneasiness in the cardiac region and suddenly end fatally in an attack of angina. Attention to the force and rhythm of the pulse is of utmost importance. If tension is low, it is probably due to anæmia. The drain on the system must be found and corrected. If the pulse is hard and rigid, it is probably due to atheromatous change or renal complication. In cases of low tension, rest with exercise never pushed to exhaustion.

Diathetically the author divides senile hearts into two groups—those which are over weight without many signs of cardiac dilatation, and those which are below weight and suffer much from cardiac disturbances. In all cases not less than four hours should be allowed between meals. No solid food should be taken between meals. All invalids should have their most important meal in the middle of the day. Alcohol should never be used constantly. Tobacco should be debarred when used to excess, though one cigar may be used in the day.

The drugs the author considers of value are digitalis first, and to be carefully used, so as not to get the digitalis poisoning; he prefers the tincture in ten-minim doses three times a day. Strophantus he considers good, but more uncertain than digitalis. [Cactina would seem to be indicated here.—Ed. Practice.] Strychnia is of great value, and may be in itself a sufficient heart tonic. Arsenic is indispensable, and is as useful as digitalis. Iron is a positive necessity where there is anæmia. For the relief of high blood-pressure, such as is found in angina, amyl nitrite is useful; nitro-glycerine can be used more constantly. When high pressure is persistent, two or three grains of potassium iodide three times a day are of the greatest value. In all cases, it is most important to keep the bowels regular.

Vichy water is efficient. Flatulence must be relieved.—Univ. Med. Magazine.

A Practical Point in Giving Chloroform.—The Courier Record of Medicine says when you give don't spend too much time and attention on the pulse, but concentrate it all upon the res-

piration. Note carefully every inspiration and see that they are regular. A few short inspirations, or holding the breath awhile is sure to be followed by a full, deep inspiration, and right here is where the danger lies; for in the deep inspiration an overdose may be taken. To guard against it is simple; one has only to watch for it, and when he sees it coming withdraw the chloroform. Remember that the overdose does not consist in the quantity that may be taken during the administration, but upon the quantity taken at any one inspiration, to the suddenness with which it is introduced into the blood, and the concentrated form in which it reaches the brain, producing paralysis of the respiratory centre.

How Doctors Live.—A correspondent of the Medical Age says: "I have endeavored to keep track of one hundred of my medical friends after graduation, especially of what they did during the first five years, and find nearly 75 per cent. had to resort to other employment to make a living. Twenty-three received a salary either in addition to practice or separate therefrom. Fifteen were proprietors of drug stores. Three were insurance agents. Four loaned money. One sold real estate. Three were connected with medical journals. One was an agent for drugs. One for books. One preached. One was in the patent medicine business. Two were farmers. One a manufacturer. Two gave massage treatment. One sawed wood, and subsequently suicided. Twelve gave up in disgust, and one never tried practice at all. Twenty-nine graduates only in one hundred exclusively devoted themselves to medicine, and of these eleven associated themselves with other practitioners, and in many cases fell heir to their practice.

Nose and Throat Don'ts.—With a view of presenting in a tangible way some important lessons in the practice of laryngology and rhinology, and to condense such points in as small but pleasing a compass as possible, Dr. Loeb, of St. Louis, presents in the *Medical Mirror* the following "don'ts":

1. Don't forget that the turbinated bones lie upon the external

wall of the nasal fossæ.

2. Don't forget that the nose has an important respiratory

function, in addition to its function of olefaction.

3. Don't allow patients who are predisposed to "colds" to bundle their necks in cloths. That keeping the neck warm protects the throat is a mistaken idea.

4. Don't expect a marked case of chronic hypertrophic rhin-

itis to recover by indiscriminate use of sprays. Cauterization is almost always necessary and efficient.

5. Don't promise to cure chronic atrophic rhinitis; say you

can relieve it, if your directions are followed.

6. Don't forget that benefit and often cure may result from the local treatment of hay fever. Examine the nose carefully, remove all obstructive causes and remedy all indications of reflex irritation.

7. Don't overlook the possible, often certain, influence of septal deformities or nasal inflammation, in the production of throat disease. They may act both mechanically and reflexly.

8. Don't mistake a portion of mucus or discharge, which may persist in the nose, for a polypus. Wash and clean the nose

carefully before an opinion is given.

9. Don't forget the relation of the Eustachian tube to the nose and pharynx; therefore, be wary about prescribing a douche to patients who have or have had otitis media. At the first appearance of pain in the ear, discontinue all forms of douching the nose.

10. Don't omit the examination of the naso-pharynx in all chronic nasal troubles; you may discover some local condition

demanding treatment.

11. Don't permit a mouth-breather to go untreated. Andenoids in the vault of the pharynx, the most prolific cause of mouth-breathing, can be easily removed. Their persistence in mouth-breathing does harm in a multitude of ways and should therefore not be tolerated.

12. Don't prescribe potassium chlorate for every case of throat disease. Your patient has probably used it before applying to

you, and has found it unserviceable.

13. Don't use a cocaine solution as a gargle with the knowledge of your patient. In acute pharyngitis or tonsilitis it is a most efficient agent, but it encourages a habit when the patient knows what he is using. Always add to such prescriptions the words "Non repetitur."

14. Don't call a case of folliculous tonsilitis, diphtheria, but be always on your guard lest, despite your own assurance, you

may be mistaken in your diagnosis.

The Treatment of Stammering.—The causes of this defect, and the appropriate methods of dealing with it, are discussed by Mr. E. J. Seltman in *Physique*. He observes: It is needless to seek for ætiological conditions in the organs of speech them-

selves, or even in the nerves associated with them. The stammerer, if his mind is at ease, does not stammer. It is in the presence of circumstances, varying in different cases, which to him suggest some imaginary difficulty, that his impediment becomes apparent. Concurrently with this comes a feeling that he must speak. Intelligence and will together urge him to do so; the purpose is met by his conscious unreadiness, and the consequence is the marred result with which he himself and his companions are painfully familiar. His impediment, therefore, is imaginary. The remedies appropriate to his condition, if somewhat slow in operation, are not far to seek. They consist essentially in a change, a disentanglement of his perverted mental energies. All mental shock is to be strictly excluded. The habit cannot be cured by order. He must be approached with tact, and habitually addressed in a quiet, slow and deliberative manner. His imitative instinct will copy the method, and fluency will usually succeed the faculty of correct utterance thus engendered. When we reflect upon the frequently high intelligence of stammering children, the drawback imposed upon their education by this unfortunate habit, and its equally hurtful influence upon their usefulness as adults, we cannot too strongly impress the necessity of its early and methodical treatment. A course of three months will often suffice to attain the desired results.—London Lancet.

Elevation of the Pelvis as a Means of Relieving Vomiting of Pregnancy.—In the Montreal Medical Journal for June. 1891. Sir James Grant, M. D., writes that some years ago he was called to attend a lady in her first pregnancy, about the third month of utero-gestation, who for about ten days had been unable to take food and with great difficulty retained even the smallest quantity of liquid nourishment. Almost every form of treatment had been tried without any good result, and as a last expedient he decided to test the effect of elevation of the pelvis, which was accomplished by lowering the head and thorax, and placing several pillows under the sacrum. In a short time the change for the better was encouraging, and, continuing the position at intervals for a few hours, in two days the marked improvement in the system was quite evident, and utero-gestation proceeded to the full term without any return of this abnormal condition.

Within the past month, two cases of severe vomiting in early pregnancy came under observation, in both of which the same treatment was adopted with equally satisfactory results.

Guemot, referring to the rational treatment of vomiting during pregnancy, says that a morbid or abnormal state of the uterus, the nervous system, as the carrier of reflex action, and the stomach are the prime factors in the malady. The idea of Smellie's, that the complaint is "chiefly occasioned by fulness of the vessels of the uterus," certainly is most rational. The elevation of the pelvis gradually lessens the quantity and force of the blood in the uterine vessels.

Subinvolution of the Uterus.—Gentry (Journal of Obstetrics) makes an important observation upon the action of elaterium in subinvolution of the uterus. He says it acts powerfully upon the mucous surface, causing an enormous flow of watery serum. He has applied it mixed in the proportion of one grain of elaterium with ten grains of sugar and milk, one drachm each of glycerine, lard and cocoa butter, which was consolidated by gentle heat. A small bolus of this, about the size of a marble, was placed against the cervix and smeared over the surface. The next day he found the vulvar orifice obstructed by a hard substance or infoliation, something like the membrane adhering to the shell of a hard-boiled egg. It adhered so tightly to the membrane about the meatus and labia that it required some force to remove it. It was also found adhering to the vaginal walls, and when removed was an exact mold of the vagina. When it was removed the vaginal wall was left perfectly clean, like a piece of raw meat. He then applied a weak solution of hydrastis and left the patient comfortable. He found more of the false membrane on the following day. It was removed and a solution of hydrastis applied again. On the third day the patient was much better than she had been for some months. and he made a second application, taking care to anoint the meatus and the surrounding parts well with vaseline to prevent adhesion of the exudation. The result of the application was the same as the first, but there was no adhesion where the vaseline had been applied. The patient continued to improve under the treatment, which was repeated every three or four days for a few weeks only. Since then he has used elaterium in every case with the best results, but he has found that some patients are so susceptible to its action that they are made very weak and sick, and he has had to reduce the power of the application, using a smaller quantity of the drug and a larger quantity of the vehicle. Latterly he has been using the tincture of elaterium, one part to nine parts of glycerine, and applying it on a pledget of absorbent wool, which has been previously saturated with pure glycerine. He uses about twenty minims of this glycerine mixture, which is distributed through the tampon previously saturated with plain glycerine by manipulation of the hand before applying it.—Archives of Gynecology.

Bad Midwifery.—I am persuaded that the most frequent cause of the retention of secundines, in labor at full term, is mismanagement of the third stage. Physicians, as a rule, are too impatient at the necessary delay in uterine contractions after the delivery of the child. The long-continued contractions of the uterine muscle, together with the last throes of labor, exhaust temporarily uterine contractility, a beautiful provision of nature whereby the placental circulation is maintained until the child shall breathe freely, and thus the sources of oxygen be changed from the placenta to the lungs. ing this state of uterine inertia, attempts are made to deliver the placenta, as is too frequently done, it is torn prematurely from its attachments to the uterine walls, and fragments of the secundines are left behind, which become the source of aftercomplications. Unless there be post-partum hemorrhage, or some other positive indication for interference, attempts to deliver the placenta should never be made until spontaneous uterine contractions have torn it from its attachments and expelled it into the vagina. When physicians generally learn this valuable lesson, post-partum complications, tardy puerperal convalescence, and cases of chronic invalidism, resulting from mismanagement of the third stage of labor will be much rarer than at the present time.—Ferguson, Ind. Med. Jour.

Hydrastis Canadensis in Obstetrics.—Dr. Bossi, from his experience in the obstetric clinic of Genoa, has found hydrastis canadensis of service in the hemorrhages which intervene during pregnancy and the puerperium as well as post-partum losses of blood. It is also useful as a prophylactic against the frequent hemorrhages post-partum, in hemorrhages with polyamnios, from uterine inertia, excessive development of the fetus, anæmia of the patient, and in general tendency to metrorrhagia. Hydrastis has not the inconveniences of secale cornutum; it has no injurious action upon the mother, neither upon the fetus, and has no ecbolic action upon the uterus.—
Pritchard.

Rules for the Administration of Cocaine.—Dr. Magitot, in the Repertoire de Pharmacie for August 10, 1891, formulates the following rules which should govern the employment of cocaine as an anæsthetic:

1. The dose of cocaine injected should be appropriate to the extent of the surface desired to render insensitive. It should not exceed in any case 1 to 1\frac{3}{4} grains. Each dose should be restricted in large surfaces.

2. Cocaine should never be employed in cases of heart-disease, in chronic affections of the respiratory apparatus, or in nervous subjects; and this exclusion applies also to the other anæs-

thetics.

3. Cocaine should be injected into the interior, and not under the derm of the mucous membrane of the skin. This is the intra-dermic method of Reclus, which should be substituted for the hypodermic method. By this means the introduction of a substance into the vein is avoided, and the risk of accidents therefore minimized.

4. The injections should always be practised upon the subject in a recumbent position, and he should only be raised when the operation is to be performed upon the head and mouth, and

then only after anæsthesia is complete.

5. The cocaine should be absolutely pure, since, as pointed out by Laborde, its mixture with other alkalies forms highly poisonous compounds.

6. Cocaine should be injected in divided doses, with a few

minutes' interval.

7. Suspension of administration, or, as the author terms the method, "fractional injection," renders it possible to guard against the production of sudden symptoms of poisoning.

The Insomnia of Continued Fevers, and its Treatment.— In typhus and typhoid fevers, sleeplessness is a frequent, troublesome, and often dangerous symptom. Dr. Murchison, writing of the necessity of sleep in typhus, says: "The practitioner cannot be too forcibly impressed with the fact that loss of sleep at any stage of typhus, if it continue for two or three nights, is of itself sufficient to kill."

In typhoid the necessity of sleep is no less urgent. One of the first symptoms of approaching dissolution is a restlessness which forbids sleep, and the return of refreshing sleep is hailed

by physician and attendants as a presage of recovery.

In the earlier stages of these fevers, insomnia is pretty certain to accompany the hyperthermia, while sleep often attends a fall in the temperature. It would seem that over-heated blood is itself inimical to sleep by exciting the cerebrum. Certain

it is that cold bathing—the cold or tepid bath—and antipyretics that bring down the fever, quiet the nervous disturbences and promote sleep. Hence, for the restlessness and insomnia of typhus and typhoid fevers, there is often no better treatment than a cold bath of about fifteen minutes' duration, the temperature of the water being from 60° to 75° F., and during the bath cold water may be poured on the head in cases of extreme pyrexia with restlessness and delirium. While fifteen minutes ought to be long enough to depress the febrile heat to nearly the normal, in some cases the bath may be of longer duration. "The earlier the stage, the higher the fever, the more robust the constitution, the colder should the water be. The later the stage, the weaker the constitution, the more affected the nervous system, the warmer should be the water."

Some writers claim to have found cold sponging and the wetpack a sufficient substitute for the cold bath. Others have derived only a temporary refreshing from these milder means.

Where the cold bath is impracticable, from difficulties on the part of the patient or his surroundings, some one of the new anti-pyretics may be tried.—Therapeutic Gazette.

A New Substitute for Santonine.—According to Dr. Coppola, santonine is not a true vermicide, its action on threadworms being that of a convulsant only, causing movements very similar to those due to epilepsy. In this state the worms are unable to co-ordinate their movements, and are easily expelled from the intestine by a purgative. Santonine also labors under other disadvantages—it is very easily absorbed by the mucous membrane of the gut, and it sometimes produces toxic effects. A much better vermicide is to be found in a compound santonine, santoninoxyme, which he has recently prepared. This actually kills the worms, and is well borne in much larger doses than can be given of santonine. The best plan is to give, for two or three days, three times as large a quantity as is ordinarily prescribed of santonine, each dose being followed by a purgative.—Hospital Gazette, London.

Cocaine and Antipyrin Combined as a Local Anæsthetic.—Dr. E. Stuver (Hygica) praises a solution of five parts of cocaine and fifteen parts of antipyrin in one hundred parts of water as a very efficacious local anæsthetic for minor surgical operations. The action of this mixture he states to be more intense and lasting longer than that of cocaine alone. It has also been

successfully employed in cases of obstinate vomiting.—Cincinnati Lancet-Clinic.

Uncontrollable Vomiting of Pregnancy.—Drs. Henske and Gottschalk have found menthol efficacious in stopping the uncontrollable vomiting in pregnancy. Fifteen grains are dissolved in five ounces of distilled water, to which five drachms of rectified spirits are added. A tablespoonful of this mixture is given hourly till the vomiting ceases. The editor of the Archives of Gynxcology states that he had an opportunity of trying the efficacy of this mixture. Vomiting ceased after the fourth tablespoonful. Dr. Gottschalk reports two cases with similar results.—British Medical Journal.

—Happiness does not consist in wealth. A competence, books, alternate labor and ease, to use the words of the poet Thomson, a good wife, a few friends, vicinity to a church, and conduct regulated by the principles of the Gospel constitute the sum total of all the happiness this world is capable of giving.—Dr. Benj. Rush to a friend.

—Syphilis is not confined to bachelorhood. Cases will come up under our our observation where the parties are married. Here we must watch the throat as assiduously as we did the chancre. The slightest mucous patch will imprint the infection on a person's partner.

—When an ovary cannot be felt by vaginal or rectal touch, drawing the uterus down with a vulsellum forceps will bring it within reach.

A model sanitarium for the treatment of diseases of women—is the new and elegant building now being erected for Dr. J. B. S. Holmes, of Rome, Ga. A glance at the advertisement will convey some idea of the beautiful grounds and appointments. As to the ability of Dr. Holmes, no man stands higher in the opinion of his professional brethren of Georgia and the South. We commend him most heartily to the confidence of those wishing to place patients under his care.





Vol. V.

AUGUST, 1891.

No. 8.

Editor-J. F. WINN, M. D.-Proprietor.

ALL ARTICLES must be short and practical, and, when possible, authors are requested not to exceed 1000 words.

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Dr. J. F. WINN, Richmond, Va.

The Medical Society of Virginia.

The twenty-second annual meeting of our State Society in Lynchburg, October 6th, 7th, 8th and 9th, will be a grand suc-The address to the public and profession will be delivered by Dr. Charles M. Blackford, his subject being "Medical Education as it was, as it is, and as it should be."

Besides the subject for general discussion-"Acute and Chronic Dysentery "-a large number of volunteer papers will be presented by home authors and invited guests. Among the latter we note the names of Drs. A. W. Calhoun, of Atlanta; T. D. Crothers, of Hartford; Landon Carter Gray, of New York: A. M. Phelps, of New York; Joseph Price and Wharton Sinkler, of Philadelphia; and B. A. Watson, of Jersey City.

As usual, a large number of applicants will be admitted to Fellowship. This number could be greatly increased, however, if every member would nominate at least one name.

Among other things to be acted on this year will be the report of the committee appointed last year to suggest some substitute for the old plan of "Reports on Advances in Medical Science." While we are not authorized to say what the report will be, we believe that the committee are unanimous in the opinion that the best interests of the Society demand the adoption of some plan which will give us more practical papers and discussions. From all sides the opinion seems to prevail that the old "Reports on Advances" must go, for the reason that they are nothing more than abstracts of medical progress gleaned from the weekly and monthly medical journals long after such information has been read and digested by the working and practical doctor at home while current. leaves his business to attend the meetings of his State Society he wants to hear something fresh. If any one doubts this statement let him note the small audiences that attend upon the reading of "Reports on Advances," as compared with the full hall of eager and attentive listeners to a live, practical paper and the discussions which follow it.

The Mississippi Valley Med. Association—

Meets this year at St. Louis, October 14, 15 and 16. The programme promises an interesting and scientific meeting.

Pancropeptine.

We take pleasure in directing attention to the elegant preparation prepared by the Virginia Pharmacal Company—"Pancropeptine." It combines the digestive and assimilative properties of pepsin and pancreatine with the nutritive properties of extract of malt, and the nerve invigorating qualities of the acid lacto phosphate of lime. Look at the advertisement for the exact formula. This, like all the preparations of this company, is a model of pharmaceutical elegance. Pancropeptine will, we doubt not, have what it deserves, an extensive application and sale.



Vol. V.

SEPTEMBER, 1891.

No. 9.

Original Department.

REPORT OF A CASE OF SEPTIC ENDOCARDITIS.

Treated with Gold and Manganese (administered subcutaneously) after the method proposed by Dr. John Blake White, of New York, in the treatment of Tuberculosis—Recovery.

J. T. SMITH, M. D., COLLINWOOD, OHIO.

Mrs. W., aged 30—Primipara—gave birth to a female child on the 12th day of February last. There was no laceration of cervix or perinæums. When seen twenty-four hours after birth of child, her condition seemed to be in every way satisfactory; expressed herself as feeling well. Six hours later, however, had a severe chill followed by a temperature of 104°, and pulse 160 with general soreness of the lower limbs, though no marked tenderness along the course of the large veins; nor was there unusual soreness of the pelvic organs, whether interrogated per vaginam or through the abdominal wall. There was, however, severe gastric irritability, and later on delirium. There being no local conditions, except the lymphangitis in the lower limbs, pointing to sepsis, but as there had been indications of malarial poisoning prior to the confinement, the chill coming

on so soon after inclined me at first to regard the fever of malarial origin. The pulse, however, continuing rapid and the temperature with only slight remissions very high, in spite of the free use of antipyretics for four days, I began to fear that there was a septic element in the case. The treatment consisted in the use of antipyretics (acetanilid and antipyrine), quinine, salicylate of soda, and for the gastric irritation, subnitrate of bismuth, suspended in mucilage of acacia with a few drops of deodorized tincture of opium added to each dose. Soothing lotions were applied to the limbs.

After four days the temperature declined decidedly, and gradually all untoward symptoms disappeared, so that at the end of ten days, considering convalescence fairly established, I discontinued my visits.

Three days later (February 25th) the patient had another chill, not as severe as the first, followed by similar phenomena though milder in character and of shorter duration, so that at the end of a week her condition was quite satisfactory, and she was again left to the care of the nurse. The next day (March 4th) I was again summoned to her bedside. more pronounced than either of the preceding ones had occurred-temperature 105°, and pulse 160. Following this, indications of septic absorption were more marked than before. complained of pain low down in the left inguinal region, and radiating from this point a general tenderness spread over the abdomen with moderate tympanites. A careful examination per vaginam revealed neither induration nor point of special tenderness indicating the formation of pelvic abscess, but the general condition of the patient appeared alarming. Temperature was elevated, pulse rapid, countenance pinched and anxious, mind wandering, and stomach extremely irritable. nourishment was given per rectum, and medicine also administered per rectum and hypodermically.

About three days after the occurrence of the last chill other symptoms were added to the above. The patient complained of pain or distress in the precordial region, with a feeling of im-

pending suffocation and tightness across the chest. Pain extending round to the back and much increased by any attempt to move or turn over in the bed, as was also the dyspnæa. Heart's action very tumultuous.

For many days after this the patient's condition was extremely critical. It would, however, be tedious to attempt a detailed statement of the different phases of the case and the treatment resorted to, nor is it necessary for the purpose of this report.

After a time she began to improve in some respects. Gradually the temperature fell to normal, and sub-normal; the abdominal tenderness and gastric irritability subsided; and the mind cleared up; but the feeling of distress in the precordial region, the sense of constriction around the thorax, the dyspncea, increased by any attempt to move the patient, the rapid pulse and tumultuous heart's action remained. It seemed that the case had culminated in one of Septic Endocarditis. Drs. Kelley, of Cleveland; Carlisle, of Glenville, and Sherwood, of Painsville, saw the case in consultation, and all concurred in this opinion.

The patient, having reached the condition above described, continued so for some time with little change from day to day, but gradually she became very much emaciated. The amount of urine secreted was very scanty, not more than six or eight ounces in twenty-four hours, and the kidneys did not respond at all to diuretics, such as inf. of digitalis with acetate of potash, &c. Profuse sweating supervened, resulting in great debility, and could not be controlled at all by sol. of atropine, and only slightly by oxide of zinc. The pulse had all along been very rapid, and extract of coca, digitalis, and strophanthus had been used singly and variously combined to control it, but without effect. The most distressing symptom of all was the dyspnæa—respiration became laborious.

Such was the condition of the patient on the 22d of March, when receiving the Medical Record* of the day before, I read the

^{*} See Medical Record, March 21, 1891.

paper referred to in the title to this report. And reasoning that the efficacy of the preparation of Gold and Manganese was probably due to the fact that it enters the blood with its germicidal powers unimpaired, and that in the case of my patient it must come in direct contact with the lesion. I became strongly impressed with the notion that the treatment would be likely to improve her condition. I therefore procured from Mr. C. F. Lord, 482 Seventh avenue, New York city, a supply of the Gold and Manganese fluid, and at once began its administration, giving two drops every alternate day. The reaction was moderate. The temperature from being sub-normal, would usually rise to about one degree above normal for a few hours. For some time prior to beginning the "Gold and Manganese" treatment the patient was taking lactate of iron and oxide of manganese in tablet form, and these were continued for a short time along with the former, but with this exception she received no other medication. The result was highly satisfactory; the sweating, which had been so difficult to control, soon ceased altogether, and after a few days the kidneys began to secrete more freely: the countenance lost its anxious expression, the appetite improved, and the dyspnæa diminished perceptibly from day to day; and last of all, the pulse declined in frequency. The administration of the Gold and Manganese was continued about one month, at the end of which time the patient was able to sit up part of the time, and finally made a complete recovery.

MALT EXTRACT-A THERAPEUTIC STUDY.

BY

JOHN AULDE, M. D.,

Member of the American Medical Association, of the Medical Society of the State of Pennsylvania, of the Philadelphia County Medical Society, etc.

Within the past few years the general practitioner must have been forcibly impressed by the wide-spread prevalence of ailments having their origin in the derangement of the digestive apparatus. Close observers have also witnessed numerous at-

tempts on the part of manufacturing chemists to supply the medical profession with remedial agents to meet the demands of patients who sought relief. The last decade may, with propriety, be called the pepsin campaign. Physiological remedies have received such enthusiastic praise that we have been seriously threatened with a re-installment of the ancient but now exploded doctrine of isopathy. At the present time, even, pepsin obtained from the stomachs of animals is seriously advocated in all forms of disorders affecting the human stomach; the use of ox-gall, obtained from the livers of cattle, is advocated as a sovereign remedy in many diseases peculiar to men with lame or crippled livers; the animal pancreas is likewise utilized to facilitate intestinal digestion, when this disorder is supposed to be dependent upon a lack of functional activity of that organ. Quite recently I listened to a paper read before a medical society, in which the ground was taken that dysentery was a disease due to the inactivity of both liver and pancreas, and cases were cited in which the exhibition of these remedies combined had sufficed to effect a cure. course the advantages to be gained from this line of treatment are obvious, but the principal good arises from the metamorphoses taking place in the fats and starchy food products, rather than from any antiseptic properties which these agents are claimed to possess.

Failure of the digestive apparatus, however, is not always an indication for the employment of artificial ferments, as without a restricted dietary these remedies prove of but temporary benefit. So unsatisfactory have been the results of this method in the hands of some physicians that it has been abandoned. A physician made the remark to me lately that he ordered digestive ferments only when all other remedies failed, and he did not know what else to give. My own experience with these preparations has been eminently satisfactory, but I have endeavored to exercise discretion in the selection of the dietary when they were employed. Thus, in giving pepsin to assist a disabled stomach, the food should be selected with a view to

lessen the work of the organ, while the exhibition of pancreatin requires that the demands upon intestinal digestion should be reduced to a minimum by excluding fats and starchy substances. Remarkable good results will often follow the adoption of a dietary regulated according to the foregoing indications, even without the exhibition of any form of medicine.

The truth is that too many people of this country are precipitating upon themselves a debilitated condition, with a class of diseases following in its train, that may be looked upon as certainly preventable, although but few practitioners have so far taken advantage of this practical fact. In nearly all diseases which have assumed a chronic character the physician will seldom make a mistake in cutting off starchy food-products. while at the same time he supplies something which will assist in converting such articles that are permitted. such a remedy, one which will be taken readily by persons whose stomachs have been made the dumping ground for the most diabolical combinations under the garb of medicine, is a requirement of no small magnitude. How many thousands of honest, thoughtful and conscientious physicians have been baffled in their attempts to solve this question it would be difficult to sav.

Just here I may refer to diastase, a valuable principle found in malt extract, a remedial agent which has recently attracted considerable attention. Diastase is a soluble substance and possesses the power of dissolving starch, convert it into gum (dextrin), and finally into grape sugar, of a substance which, upon analysis, closely resembles grape sugar as it exists naturally in the grape. The amylolytic properties of diastase are, in some respects, similar to that of the pancreatic juice, and when we desire to act upon starch alone it will frequently prove serviceable when pancreatin cannot be used, owing to the destructive action of the gastric juice upon this delicate product. The activity of diastase is much like that of pepsin, except that the latter acts only upon albuminoids; the proteolytic power of a good pepsin is about the same as the amylolytic power of

good diastase, one part of the former being sufficient to convert two thousand parts of albumin into peptone, while one part of diastase will convert two thousand parts of starch into grape sugar. When we take into consideration the distinct therapeutical properties of diastase, together with the persistent demands of patients suffering from intestinal digestion, due to the consumption of starchy food-products, the rapidly increasing facilities on the part of manufacturers supplying physicians with malt extracts may be appreciated.

In order to obtain some definite idea upon this subject it will be advisable to consider the character of the more important food-products containing starch, as by eliminating these substances from the dietary, or restricting their use, patients will receive more benefit from the exhibition of malt extract and its contained diastase. According to Professor Coleman, of Glasgow, Scotland, the following figures represent the proportion of starch contained in the food substances named:

Wheaten	bread,	Percentage	of	Starch,	47.4
Wheaten	flour,	"	"	66	66.3
Oatmeal,	-	44	"	4.	58.4
Potatoes,		44	"	44	188
Rice,		44	"	44	79.1
Arrow-Ro	ot,	44	"	44	82.0

Starch, like sugar, fat, etc., is a heat producer, while albuminoids, such as fibrin, casein, albumin, etc., are flesh-formers. When too much starchy food is taken into the system, the amylolytic function is arrested, fermentations occur, accompanied by more or less physical and mental depression, due to the local irritation set up and the absorption of noxious materials. The most casual observer cannot fail to understand the deleterious effects which must attend upon a disordered condition of the digestion such as that described, and the intelligent physician will readily appreciate the benefits to be derived from the exhibition of remedies calculated to meet these difficulties. At one time bleeding was resorted to, and, proving of temporary benefit, the plan was followed by a large number of practitioners; later, however, purgatives became the rule, but the more

intelligent class of patients rebelled, and so they in turn have given place to antiseptics. Still without regulation of the diet, our practice under the new regime is exceedingly unsatisfactory. An ideal combination in this class of cases would include digestive ferments with the antiseptics, but owing to the incompatibility between the two this plan cannot be adopted. Indeed, the physician too often finds that his resources have been exhausted, and is disposed to regret the uncertainty of all medicaments. This statement doubtless voices the sentiments of many physicians, and it is under such unfavorable auspices, I think, that attention should be given to malt extracts,

Physicians in special practice do not hesitate to order malt extract for patients by the dozen bottles, often without other medication, in cases which have been passed over to them by the general practitioner. My own experience with a reliable preparation has been so uniformly successful that I am prompted to publish my conclusions, believing that by this means others may be guided into the same channel. To determine what is meant by a reliable preparation several questions are to be considered, the most important of which, viewed from a medical standpoint, may be mentioned as follows:

- 1. Diastasic power, or its ability to convert starch.
- 2. Purity, or its freedom from substance calculated to impair the therapeutic value of the product.
- 3. Palatableness, because we wish to avoid nauseating mixtures where malt extract is indicated.

These questions will be discussed in a general way, in the order of their occurrence. Attention first should be called to an erroneous impression which obtains, viz.: that malt extract, ale, beer, and porter are substantially the same, and consequently some physicians are opposed to the use of either, believing it contrary to public policy to encourage the establishment of breweries. The facts are, that malt extract is a product which differs materially from all the others, in its manufacture, diastasic power and contained alcohol. Dr. Coleman's investiga-

tions form a specific contradiction of this assumption. Duly measured quantities of bread were placed in a watery alkaline solution, which was maintained at body-heat for the period of six hours, with specified amounts of malt extract and the ordinary well-known English beverages, with the following results:

The Burton ale dissolved 5 per cent. of the starch. The London porter, " 40 " " " The Wrexam ale, " 26 " " " Joh. Hoff's Malt Ext. 60 " " "

The diastasic power, therefore, is a property which may be demonstrated, and in considering the claims of any preparation, this subject should receive our first attention. When this important quality is lacking, we are to enquire whether or not the cause is due to an excess of alcohol, or to the addition of salicylic acid or other objectionable substances as preventatives. Both alcohol in excess and salicylic acid retard and practically destroy the diastasic power of malt extract, which may account for the favorable results obtained by Prof. Coleman with the genuine Joh. Hoff's malt extract, containing, as it does, but three and one-half per cent. of alcohol and no salicylic acid. As much cannot be said of a malt extract, also called Hoff's. manufactured by Leopold Hoff, as repeated examinations by Prof. Leffman, the well-known analytical chemist and expert, discovered the presence of a much larger proportion of alcohol and invariably salicylic acid. Prof. Leffman says: "The effects of salicylic acid have been extensively studied, and the unanimous opinion of sanitary chemists is, that it is very objectionable as an addition to any form of food or drink, and especially objectionable in malt extract. From some observations made in my own laboratory, it appears that not only does salicylic acid wholly suspend the action of diastase, to which malt owes its starch-converting power, but that the starch-digesting power of the pancreatic secretion is wholly suspended by it. It thus appears that the addition of this body is to render the extract not only inactive so far as its own function is concerned, but it introduces into the system an injurious substance, which interferes with another important function."

The preparation referred to by Prof. Leffman enjoys an enviable reputation on both sides of the Atlantic, having been the first product of the kind offered to the medical profession as early as 1847, and notwithstanding the attempts which have been made to supplant it, the fact remains that it is incomparably the best of all the numerous preparations now on the market as regards diastasic power, purity and palatableness. improvements suggested by scientific study, together with long experience, have given the genuine Johann Hoff's article a reputation that has stimulated a host of imitators, but to-day it occupies a position far in advance of all competitors as an elegant, nutritious and efficient tonic, adapted alike to young and old, and especially to those in a debilitated condition dependent upon indiscretions in diet. It is an admirable remedy for the period of convalescence following long-continued diseases, notably typhoid fever, when the functional activity of the intestinal glands is below par, and will be found of signal service in arresting the progress of all forms of disease in which failure of the digestive functions is a prominent factor.

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month ${\tt l}$

Preparing the Skin for Antiseptic Operations.—Dr. F. W. Langdon, of Cincinnati (*Lancet-Clinic*), calls attention to the value of benzin as a solvent of oily secretions in the preparation of skin areas for antiseptic operations. An agent that can penetrate and disinfect the pores and follicles of the region to be operated upon has advantages not possessed by any of the watery solutions in common use.

To Check the Secretion of Milk.—The application of a solution of camphor, one part in oil of turpentine six parts, has been recommended. Care must be taken to prevent injury to the skin, for such a mixture would irritate strongly if kept long

in contact with the integument under an impermeable dressing. Medical Record.

Smoothing Out Wrinkles.—The Medical Press is authority for the statement that a curious application has been made of the absorbable properties of lanolin in the treatment of wrinkles. When well rubbed in lanolin passes directly into the skin and acts as nutriment to the subjacent tissues, with the effect of smoothing out the folds produced by the attenuating of these structures incidental to age. Several elderly ladies who were induced to give this method of treatment a trial, are said to have been delighted with the result.

Treatment of Epilepsy.—Under this head Poulet, of Placna les-Mines, in Bulletin Général de Thérapeutique, writes of a combination of bromide of potassium with Calabar bean, which has given him success in the treatment of obstinate cases of epilepsy where the bromides alone had failed. A favorite formula of his is:

A tablespoonful contains about fifty-seven grains of bromide and about sixteen minims of the tincture. The medicine may be given in divided doses instead of in one full dose, half a teaspoonful being given at first twice, then three times, then four times a day.

Poulet reports five obstinate cases treated in this manner.

These were cases where bromide alone failed to cure:

1. The fits were formerly six or eight a week (grand mal). After a year of the new treatment, no return of the epilepsy. In this patient the tincture of Calabar bean is occasionally replaced by eserine in the dose of one sixty-fourth of a grain to each fifteen grains of bromide; the result has been the same. No contraction of the pupil has been observed during the administration of the medicine.

2. A most obstinate case; had been epileptic for eight years, eight or ten fits a day. Failure of bromides given alone, also of bromides and picrotoxin. Definitive cure under bromides

associated with tincture of Calabar bean.

3. Also a case of chronic, inveterate epilepsy. Several months' treatment by the combination specified gave exemption from all convulsive accidents.

4. A case of grave epilepsy at the menopause; frequent daily virtiginous attacks, ending in convulsions and stupor. At first the disease was successfully combated by bromide of potassium associated with picrotoxin; this combination afterward failing, sulphate of atropine was substituted for picrotoxin (ninety grains of bromide of potassium and one sixty-fourth of a grain of atropine daily). The latter treatment has been kept up for a year, with complete cessation of the vertigo.

5. A case of cardiac epilepsy; the grand mal attacks were followed by hemiplegia, with stupor and hebetude (état de mal). A combination of bromide and digitalis caused disappearance of the epilepsy (one hundred and twenty grains of bromide associated with thirty minims of tincture of digitalis in divided

doses, daily).

Poulet terminates his article by the following conclusions: The bromides remain the sheet-anchor in the treatment of epilepsy; and by the term "bromides" we have especial reference to the bromide of potassium, which alone is truly efficacious.

There are, however, a great many epileptics whose attacks are only mitigated or postponed, not completely suppressed, by

bromide of potassium.

In such cases, if we associate the bromide with some medicament which possesses properties identical with those of the bromide (that is, being capable of anæmiating and de-congesting the nerve centres and paralyzing the system of voluntary muscles), we generally attain results which are perfectly satisfactory in essential epilepsy, and even in partial or Jacksonian epilepsy, on condition that, in the latter, we begin by the specific treatment of the determining cause. The substances that have been most successful are Calabar bean, picrotoxin and belladonna. In cardiac epilepsy, digitalis must be added.

We may indifferently substitute sulphate of eserine for the preparations of Calabar bean, sulphate of atropine for those of belladonna, and digitalin for digitalis.—Am. Jour. of the Med.

Sciences.

The Therapeutics of Syphilis.—Dr. E. Kreis, of Zurich, considers this subject under the following heads in the Schweizer Aerzte:

One question in dispute is as to the time when the general treatment of syphilis should begin—whether with the occurrence of the primary sore, the so-called preventive treatment, or with the occurrence of the secondary symptoms. Fournier, Mauriac, Jullien, Schwimmer, and others hope, by early mercurial treatment of the patient, to prevent secondary symptoms;

or, if these should set in, to make the course milder. Doutre-lepont, Köbner, Kaposi, Unna, and Neisser, on the other hand, take the position that the primary treatment generally fails to defer the timely appearance of the secondary symptoms, and that the latter often occur more obstinately and severely. Kreis agrees with Neumann in opposing early treatment. He says he has seen after it extremely obstinate affections of the mucous membranes of the mouth and the occurrence of the premature ititis, skin affections being absent. He thinks early treatment appropriate only for large chances difficult to heal.

Another question of great importance is as to the most appropriate form and combination of mercury in the treatment of syphilis. Kreis concludes that mercurial ointment gives the greatest therapeutic effect with the least detriment. It may be employed as in the usual inunction "cure" or in the form of a soap containing metallic mercury, or in the form of a mull, as recommended by Unna. They are all only different methods of applying mercurial ointment, and are nearly uniform in their activity. The use of the unguentum cinerci repre-

sents the best, most active, and most permanent "cure."

How long should the mercurial treatment continue? Fournier especially has called attention to the fact that those cases which were not sufficiently treated, or which were treated for too short a time, were often followed by severe tertiary manifestations. He therefore thinks that the treatment of syphilis should be continued for at least three or four years; recently he has made the time still longer. Lang, Diday, Caspary, and Köbner combat the long-continued mercurial treatment, and maintain that such treatment leads to serious injury to the organism, both to the digestive organs and the central nervous system. Neisser is in favor of long-continued, but intermittent, treatment. Kreis regrets that we lack statistics of cases extending over a long time; these would give us the necessary light by which to decide the question. All cases, however, should not be treated according to the same plan.

He concludes that, though the present treatment of syphilis does not enable us to cure every syphilitic permanently, yet we can by proper treatment always get rid of the symptoms again. We must, in most cases, consider syphilis an absolutely curable disease, and always a relatively curable one.—Medical News.

The Local Treatment of Dysentery.—There seems to be in modern medical thought a strong tendency to consider disease as constitutional rather than local, and while not doubting that there are one or more forms of dysentery dependent upon the

presence of poisons in the blood, Prof. H. C. Wood (University Medical Magazine, August, 1891) believes that dysentery, as seen ordinarily in this climate, is essentially a local inflammation, independent of blood poison. If this be true, the disease should be especially amenable to local treatment. It is true that the ordinary treatment, which seems not to be local, really owes much of its efficiency to a local influence. Thus the purgative acts by a purely local depletion; the mercurial or the ipecac, by a local stimulation of the glands involved; while the bismuth spreads itself upon the mucous membranes, and by its local action lessens inflammation. Some years ago Dr. Wood published a series of cases of chronic dysentery, which showed the marked efficiency of enemata containing half a drachm to a drachm of nitrate of silver dissolved in two or three quarts of water. In acute dysentery, involving the colon high up, he has found enemata containing two or three drachms of subnitrate of bismuth much more efficient than the exhibition of bismuth by the mouth. When the symptoms are severe, this local treatment will often be preceded with advantage by washing out the colon with large quantities of water, which he believes are much preferable to hot water injections. When the lower part of the colon is affected, the beneficial action of ice is especially marked, particularly when the ice is employed in the form of ice suppositories. These suppositories should be rapidly used, one being put into the rectum every three to five minutes, so as to get, for at least half an hour to an hour, the effect of the continuous application of cold.

When tenesmus is very severe, iodoform suppositories are often much more efficient than opium in bringing relief. Another drug which Prof. Wood has found especially efficacious is ergot, especially when the passages contain large quantities of

blood.—Therapeutic Gazette.

Surgical Treatment of Intussusception of Bowels.—Dr. N. Senn (Canadian Practitioner) says intussusception of the bowels is a strictly surgical affection, and should be treated as such from the beginning, on the same ground as a strangulated bernia.

Immediately after the accident has occurred, peristaltic action should be arrested by emptying the stomach by an emetic or by irrigation, by suspending stomach-feeding, combined with the administration of opiates in sufficient doses to procure rest for the bowel at and above the seat of invagination. Prompt arrest of peristalsis procures for the affected part the most favorable conditions to arrest further invagination, and to effect

spontaneous or artificial reduction. Artificial means to effect disinvagination should be instituted as soon as this form of intestinal obstruction is recognized or even suspected.

Rectal insufflation of hydrogen gas or filtered air is the most efficient and safe procedure in reducing the invagination, and if employed sufficiently early will prove successful in the majority of cases.

Inversion of the patient, and complete relaxation of the abdominal muscles by the use of an anæsthetic, are important factors in rendering the inflation efficient.

Enterostomy and colostomy, according to the seat of the invagination, are only permissible if the patient's general condition does not warrant laparotomy.

Laparotomy in all other cases should be done as soon as the irreducibility of the invagination has been demonstrated by rectal insuffation.

In acute recent cases the swelling of the intussusceptum, caused by the circular constriction at the neck of the intussuscipiens, often proves a serious obstacle to reduction, and should be removed as nearly as possible by manual compression, made direct or over a large aseptic sponge, before attempts are made to reduce the invagination by traction.

Reduction of the invagination is accomplished most readily by making traction in opposite directions upon the bowel, above the neck of the intussuscipiens, and upon the sheath below the apex of the intussusception, combined with pressure against the intussusceptum in a direction from below upwards.

. If adhesions between the apposed serous surfaces of the inner two cylinders resist reduction, they should be carefully separated with a Kocher's director or a small pair of straight bluntpointed scissors, before traction is made.

After reduction has been accomplished, the affected segment of the bowel should be carefully examined, and small patches of gangrene or rents of the peritoneal coat covered by stitching the peritoneum over them.

Recurrence of invagination is prevented most effectually by shortening the mesentery—by folding it in the direction of the bowel, and fastening the fold in this position with a few catgut or silk sutures.

If the external surface of the bowel presents evidences of gangrene, disinvagination should not be attempted, and in such cases a resection is absolutely indicated.

The resection, under such circumstances, should always include the whole intussusceptum, but only so much of the intussuscipiens as is threatened by gangrene.

If the continuity of the bowel cannot be restored by circular suturing, either on account of the difference in size of the lumina of the resected ends, or inflammatory softening, the same object is attained in an equally satisfactory manner, and more safely, by lateral implantation or intestinal anastomosis.

If the invagination is not extensive, but irreducible, and the bowel presents no signs of gangrene, the obstruction should be allowed to remain, and the continuity of the intestinal canal restored by making an anastomotic opening between the bowel above and below the invagination, by the use of perforated decalcified bone plates.

If the invagination is extensive and irreducible, and the bowel presents no indications of gangrene externally, the intussusceptum should be made accessible through an incision below the intussuscipiens, and resected after securing the stump with an elastic ligature, after which the obstruction is permanently

excluded by an intestinal anastomosis.

In irreducible colico-rectal invagination, or when this form of invagination has been caused by a malignant tumor, the intussusceptum should be drawn downward and removed by the operation devised by Mikulicz.

Some Common Errors in the Feeding of Young Children. In a recent lecture reported in the Practitioner for July, Dr. Cheadle draws attention to certain points in the feeding of infants in regard to which faulty and injurious practices prevail. One of the most frequent sources of disaster is the sudden weaning with the use of fresh cows' milk and water. massive curds formed from cows' milk are frequently beyond the feeble digestive powers of the infant. Dilution will partially remedy the matter, but cannot, as a rule, be carried to a sufficient extent without unduly increasing the bulk of the The clots, by decomposing, cause colic, vomiting, and diarrhea. Boiled milk not only is to a certain degree sterilized. but clots less firmly than raw milk. Children should be weaned on boiled milk and barley water. In the case of very young or delicate children, however, the milk should always be peptonized at first, a proper degree of dilution being observed at the There is danger here of another grave error—the same time. prolonged use of artificially-digested foods. While these preparations do excellent service in the case of children just weaned, or with small digestive power, they are not proper for continued use. The power of digesting casein becomes gradually less, nutrition is impaired, and the child tends to become flabby, anæmic, and soft in bone. Still another error consists in the

furnishing of an insufficient gross amount of nutritive material. A child may be unable to digest a mixture of milk unless highly diluted, but the capacity of the stomach being limited. it may be impossible for it to take a sufficient quantity of such a mixture to supply the material required for growth and nutrition. The difficulty may be overcome by the addition of cream or some good preparation of meat juice, the quantity of milk being increased as the digestive power develops. Food deficient in fat, as well as that deficient in protein, is certain to cause trouble. Fat especially is of great importance in the food of young children. Those deprived of these two elements are often large and fat, but flabby, anæmic, and rhachitic; yet most of the artificial foods upon which children are so largely fed are almost wholly lacking in fat and to a less degree in proteins. The presence of an antiscorbutic element in the food is also a matter of prime importance. Fresh milk contains the element in sufficient quantity, but all farinaceous foods, and all the dry artificial foods, are decidedly deficient in this regard. They require the addition of some fresh element to supply the antiscorbutic quality.—N. Y. Med. Jour.

Diet in Summer Diarrhœa and Dysentery.—The Dietetic Gazette gives the following table:

ADULTS AND YOUNG PERSONS.

MAY TAKE.

Meats.—Game, Rare Meat Pulps, Sweet Breads, Fresh

Meat, sparingly.

Bread and Farinaceous Articles, etc.—Good Bread of all kinds, if stale. Dry Toast, Crackers and Butter. Macaroni. Rice, and Rice boiled with Milk. Lacto-Cereal Food.

Eggs.—Very soft boiled or hard, 15 minutes boiling.

Desserts.—Milk and Egg Pudding, not sweet. Hatsy Pudding of Flour and Milk, thoroughly cooked.

Drinks and Liquids.—Milk, with Lime-Water. Claret. Tea. Brandy. Water, sparingly.

Milk Punch.

AVOID

Soups, Fresh Bread, Vegetables, Fruits, Fried Dishes, Fish, Saccharine Foods, Made Dishes, Salt Meat or Fish, Veal, Lamb, and Pork. Above all, avoid excessive quantity, both in food and drink.

Reduce the amount of fluids. Eat at rare intervals. In severe cases of chronic diarrhœa it is necessary to restrict the diet to the blandest articles, such as boiled milk, arrowroot, cornstarch, etc.

INFANTS AND YOUNG CHILDREN.

MAY TAKE.

Scraped Beef or Mutton. Mutton and Chicken Broth. Barley. Gruel prepared by long boiling. Sago. Tapioca. Carnrick's Food. Lacto-Preparata. Baked Flour. White of Egg and Water. Expressed Juice of Meat, for Infants above the age of six months. Whey. Brandy. Pure Water. Fresh Boiled Milk.

If the child is under six months of age Lacto-Preparata, which is an all-milk food, sterilized, is preferable; if over six months, Carnrick's Food, which is Lacto-Preparata with Dextrine.

AVOID.

Milk, except that which has been boiled, and starchy substances, except as allowed, and unless the starch has been changed into Dextrine by the action of dry heat. Liebig or Malt Sugar Foods, as they are laxative and readily ferment in a child's stomach, especially when combined with milk. Fruit and Vegetables.

In some cases avoid milk entirely. Use Rice-Water. Feed at regular and long intervals as possible—two to six hours—according to age. Give small quantities, and keep the child as quiet as possible. One grain of digested and assimilated food does more to nourish than a large quantity imperfectly assimilated.

Prophylaxis of Diphtheria.—The Therapeutic Gazette, commenting on the prophylaxis of this disease, urges, as do all authorities, as the first requisite, thorough isolation of the patient. The same isolation should, as far as possible, be made to extend to other members of the family. Physicians attending the sick child should scrupulously disinfect their persons and their clothing. All clothing that has been worn by the patient should be subjected to prolonged boiling, or to a dry heat of 240° F., before being again used. Thorough antisepsis of the sick room should be practiced by sublimate washings and by burning sulphur. Children that have become convalescent should be disinfected by baths of weak sublimate water.

There should be suppression of suspected milk, and an inquiry into all other possible sources of contagion, with a view to removing them.

Maurice Nicolle makes a good hint in reference to physicians attending diphtheritic patients; they should put on a blouse before entering the sick-room, and remove it on leaving.

Dr. William H. Welch commends the prophylactic value, in persons liable to exposure to diphtheria, of cleanliness of the

teeth and mouth, and of the frequent use of weak antiseptic mouth washes, nasal douches, and gargles. Læffler recommends for this purpose aromatic waters, weak sublimate solutions (1 to 10,000), chlorine water (1 to 1,000), and thymol (1 to 500 parts of twenty per cent. alcohol).

The Cause of Diphtheria in Rural Districts.—Dr. Longstaff, in a recent voluminous work on "Statistics, Social, Political, and Medical," makes an interesting study of the causes of diphtheria, more particularly, of course, as it occurs in Great Britain. He finds that it is a disease of the country rather than the city. Thus, for every thousand deaths from the disease in dense districts, there are eleven hundred and seventyeight deaths in medium districts, and fifteen hundred and seven in sparse districts. With regard to specific causes, Dr. Longstaff says: "The cause or causes should not be sought for, primarily, in any high development of civilization, such as sewers, but rather in some condition associated with more primitive modes of life. Again, privies and ash pits can hardly be important agents in breeding or disseminating the disease, or we should expect to find diphtheria exceptionally prevalent in those northern towns where such nuisances reach their worst, whereas the contrary is the case. On the other hand, low vegetable organisms developed in damp dwellings would perhaps fit in with the facts that I have brought forward; or, again, some evil special to shallow wells or other primitive sources of watersupply. The line of investigation, however, which seems to me most promising, lies in comparative pathology. The peasantry live on intimate terms with domestic animals, more particularly cows, sheep, pigs, and poultry (including pigeons). Some little known disease of some one or other of these creatures may be capable of inducing in men or women, brought into frequent or close contact with them, a trivial 'membranous sorethroat'; then, under suitable conditions of recipient and environment. the more generally-recognized form of the disease, 'true diphtheria,' or, as it used to be called, 'cynanche maligna,' may re-The poison, perhaps, gathering intensity and infectiveness, may then be conveyed into towns by farm produce, such as milk, cream, or poultry, conceivably by eggs, meat, or vegetables; and, lastly, through the person first infected, the sources of water-supply or the public sewers may get poisoned, and so, indirectly, aid in the spread of the disease."

The suggestion is one that country practitioners should bear in mind. At the same time it is quite possible that the lessened death-rate from diphtheria in large cities is due to a superior

sanitary organization.—Medical Record.

The Dry Method of Treating Wounds.—Dr. Hal C. Wyman, of Detroit, calls attention to this valuable method of treating wounds. The treatment consists in drying the wound with hot, dry towels taken from an oven where they have been heated to 212° F. (100° C.). No water is allowed to touch the wound or the adjacent parts, from first dressing to final healing. Loose fragments are removed; all tissues bruised beyond repair are cut away with scissors; blood and dirt are scraped away with hot, dry towels. All lacerated parts are approximated and held with sutures which have been freshly sterilized by dry heat. Then a dry mixture of Wyeth's impalpable powder of boracic acid (seven parts) and iodoform (one part) is rubbed into the wounds along the line of approximation. Over this are laid strips of iodoform gauze. Over them oakum freshly sterilized cotton, held in a place by a rollen bandage fresh from the oven.

The dressings are allowed to remain undisturbed until healed, unless pain, rise of temperature, or soiling of the dressing by discharges indicates that fresh dressings are needed. This method, he claims, favors the cleaning of the wound, favors the control of hemorrhage, diminishes the tendency to fermentation and putrefaction, hastens to repair the wounds, and insures the healing of flaps and ragged pieces, which by the wet method would slough.

The Importance of Examination of the Genital Tract Directly After Labor.—Dr. A. Duke, in *Hospital Gazette*, points out the importance of making a close exploration of the genital tract for any injury that may occur (more especially in primiparæ) during the process of parturition, by visual and tactile examination. The cervix uteri is frequently torn, the edges of the os lacerated, and the vaginal walls injured, *leaving the perineum intact*; so the conclusion is oftentimes come to that all is well, while considerable mischief may have been done unobserved.

By the hot-water flushing we get rid of several sources of danger, and if a thorough examination is then made for vaginal and cervical injuries, it will be comparatively an easy matter to draw together the torn surfaces in severe cases, and cauterize in minor ones with strong carbolic, thus leaving the parts concerned in a better condition for repair and less liability to absorb. It will be obvious that at no other time subsequent to labor have we a better opportunity. No objections will be raised by the patient, and, on the old proverb principle that "a stitch in time saves nine," may save a patient from septic ab-

sorption, with all its train of misery. The comfort to the practitioner's mind (when such lesions are found), by treating them at once, is no small recommendation to the adoption of this proceeding, and the no less pleasurable disappointment of finding that none exist (which could not be determined without examination), will also commend itself.

As a general rule the uterus is not washed out after labor,

and no examination made, except of the perineum.

The consequence is, that in some cases when septic symptoms develop, the true cause is never known, whether depending on a piece of membrane left to decompose in utero (which should have been removed at the time of labor), or a lacerated cervix never discovered, or some tear in vaginal surface, allowed for days, perhaps, subsequent to labor, to absorb the morbid products of conception, and so, by permeating the patient's system, bid defiance to the best directed efforts of the practitioner. I may also allude to the danger in cases where no examination has been made, and septic symptoms develop, of syringing with corrosive sublimate solution the abraded or torn surface which, in the first instance, took up septic water, being also capable (as proved by some cases lately published of severe burn) of absorbing the corrosive, and so contributing to, if not actually occasioning, the patient's death.

What Preparation of Malt with Cod Liver Oil Should Be Prescribed and Dispensed?—The earnest attention of physicians is invited to demonstrated facts regarding the quality of the preparations of malt with cod-liver oil in the market, determined by the report of the chairman of Committee on Adulteration of the New York Pharmaceutical Association, read at the recent 1891 meeting.

Dr. Eccles analyzed the three best known preparations of cod-liver oil in the market, number one, Trommer's; number two, The Maltine Co.'s; number three, Parke, Davis & Co.'s, and reached the conclusion already arrived at by an analysis previously made of these same products by Prof. R. H. Chittenden, of the Sheffield Scientific School of Yale University, that only one of these products, and that number three, was true to the claim made by its makers as to the percentage of cod-liver oil.

We quote verbatim from Dr. Eccles' report, as follows:

"There are but three well-known makers of this preparation, and the variation in its title renders it impossible to conceal their identity even if deemed necessary. A bottle of each was purchased in the open market and submitted to examination for the purpose of ascertaining the per cent. of oil. A rumor

being affoat of some departure from honorable dealing in the composition of two of these products, spicy revelations were anticipated, and we have not been disappointed. chemist seeks sophistication in a food or medicinal product, he never expects to find a dear article used to adulterate a cheap If dame rumor can be credited, something like this has been laid at the door of two manufacturing establishments. What is very amusing about the matter, is the fact that one firm insists upon the truth of the charge, although our analysis acquits them of such singular conduct. Cod-liver oil is cheaper than malt extract, so that the substitution of the latter for the former could not be deemed an act of economy by any one. Every preparation should be true to its claim, whatever the cost of the respective ingredients. If a false sentiment has gone abroad among medical men, to attempt to cater to this sentiment verbally, while contradicting it practically, is, to say the least, bad policy.

"One of your committee has practically found that phthisical patients do well on this preparation when the proportion of oil is small, if not too small, while they do not do so well on those goods having the greatest per cent. of oil. This has been put to the test since the present examination began. Full doses, where the quantity of oil is large, were found to annoy the patient through regurgitation, whereas the smaller proportion

was at once assimilated.

"The label on number one claimed a composition of 40 per cent. of oil and 60 per cent. of extract. It is therefore nearly

25 per cent. short of its own claim."

Inasmuch as the chemist of the State Dairy Commissioner of Ohio, about a year ago, made a report not in harmony with these facts, which report the Trommer Co. made use of to depreciate Parke, Davis & Co.'s preparation of malt with cod-liver oil, and widely circulated with the intent of disparaging this product and advertising their own, it gives us much satisfaction to quote the opinions of these two distinguished chemists—Professors Chittenden and Eccles—in substantiation of the claims made by this well-known house, who desire to inform their friends among the medical profession that their product has sustained its reputation for excellence, and to request physicians to specify it in their prescriptions in preference to that of other manufacturers.

A complete copy of Prof. Eccles' report will be sent physicians on application to Parke, Davis & Co.

Notes from the Philadelphia Hospitals.—The most probable explanation of congenital talipes is a cramped position of the fœtus, disturbing the proper relation of the bones of the foot. In performing subcutaneous tenotomy for talipes equinus, insert the tenotomy knife parallel to and immediately in front of the tendo-Achilles, then turn the cutting edge of the knife at right angles to the tendon, and have an assistant put the tendon on the stretch by flexing the foot, when the tendon may be cut with little difficulty. This is not a painful operation; really the only pain consists in passing the knife through the skin.—Laplace.

—Even without surgical interference, flat-foot tends to relieve itself. If, however, the patient does not want to wait two or three years for the foot to become accustomed to the changed relations between its bones, we may try to restore the parts to their former condition by having an arch made in the patient's shoe, which will force the bones to retain their original rela-

tion.—Laplace.

—Phosphorus favors the growth of bone, and it has been found that patients suffering from fracture recover more rapidly when phosphorus, or some of the compounds of phosphoric acid, are administered. For instance, women during pregnancy have a deficiency of phosphoric acid, so that when there is a fracture the bones do not readily unite. Phosphate of calcium is very slowly absorbed, and may even form a calculus. We can better administer phosphorus in the form of the hypophosphites. In this form it is more easily absorbed and assimilated, and appears to be non-poisonous.—Woodbury.

—Salicylate of bismuth represents our antiseptic treatment of intestinal disorders in children. It may be given in doses of gr. viij, with gr. j of sugar of milk after each passage, unless

they are very frequent.—Hollopeter.

—Eight days are not enough to heal a large wound. The edges may be approximated and appear firmly united, but the least strain is apt to cause the wound to gape again; so beware

of removing the stitches too soon.—Laplace.

—Attending the application of plaster of Paris bandage for fracture, there is some danger of swelling of the limb, which, being so inclosed in a hard and unyielding mould, might cause gangrene. In order to avoid this, before applying the plaster of Paris, we first envelop the limb with a covering of common cotton (not absorbent cotton), which, not having had the oil removed from it, retains its elasticity and does not absorb water. Over this is applied a common bandage, and then the plaster of Paris bandages. When these have set, the layer of cotton be-

neath allows for a certain amount of possible swelling, but is also sufficiently firm to retain the ends of the bone in apposition.—Laplace.

—Any irritation at the neck of the bladder is felt at the end of the penis, and vice versa, any irritation at the end of the penis

affects the neck of the bladder.—Laplace.

—The perforating ulcers which start from the skin under the toe, partake of the nature of epitheliomas. When they have lasted for a long time they cannot be cured, but return after removal. If, however, they are treated early, and freely re-

moved, they may not return.—Laplace.

—Dr. Hirst brought before the students a baby which he said would die from entero-colitis—one of the most common diseases with which the doctor has to deal. He exhibited it that the peculiar appearance of a child under such conditions might be noted. In commenting, he said that a baby's movements are naturally yellow and soft; but where there is infection of the intestinal tract the movements become dark green, partly from excess of bile, and partly from the action of the peculiar mi-

crobe present in such cases.

—Dr. McKelway, in speaking of the symptoms of pregnancy, and of the difficulty sometimes attending the recognition of this condition, mentioned a case, which he himself had seen, of a woman who had a tumor which resembled a fourth month pregnancy. A vaginal examination disclosed the body of an unimpregnated uterus, on one side of which was found a tumor, believed to be an ovarian cyst; on laparotomy, however, an impregnated uterus was found. The uterus was bi-cornual, and the impregnated ovum developing in one of these horns gave the appearance of an ovarian cyst.

—I do not think, when a woman denies pregnancy, there is ever an absolutely perfect proof of a pregnant uterus in the

first three months.—McKelway.

—Dr. McKelway quoted Dr. Goodell as follows: "If, after the sixth or eighth week, the cervix of a woman believed to be pregnant is as hard as the end of your nose, she is not likely to be pregnant; if, however, the cervix is as soft as your lips, she

is probably pregnant.

—Fœtal movements can be excited by many things. They are apt to be noticed early in the morning more than at other times, believed to be because the child is hungry on account of long absence from food, which the mother's and the child's tissues demand. When the child is dying, or is injured, or its vitality impaired by disease of the uterus, or cord, or of the mother, the fœtal movements are more pronounced. They are

also excited by the application of cold to the abdomen, which means have been used to elicit this symptom. These movements may be simulated by abdominal contractions.—McKel-

way.

—Dr. Barton presented an old woman, eighty-four years of age, to show a recovery from fracture in the aged. The humerus had been fractured at the junction of the upper and middle thirds. The arm was brought to the side, using the side of the body as one splint, and a shoulder-cap was placed on the outside. At the end of four weeks the bone had united strongly,

a surprising result in a woman of her age.

-Dr. Barton also presented an old woman, injured eight weeks ago, whose right leg showed marked eversion and shortening. The foot lay on its side, and the toe could not be brought to the median line. Measurement from anterior superior spinous process revealed almost two inches shortening. Dr. Barton thought it intra-capsular fracture, but as the condition was typical also of fracture of the shaft, and of dislocation of the head of the femur on the pubic bone, he proceeded to the diagnosis as follows: Palpation revealed no dislocation, which, if existent, could readily have been felt. In order to diagnose between intra and extra-capsular fracture, the femur was mea-Measurement revealed that the shortening was between the great trochanter and the outer tuberosity of the external condyle, showing that there had been a fracture of the shaft of the bone. Considerable thickening was then found to exist in the shaft of the bone. Furthermore, it was found that the great trochanter lav below a line drawn from the tuberosity of the ischium to the anterior superior spinous process (Nelaton's line). Had the fracture been intra-capsular, the trochanter would have been found above that line.

—If we have ice directly in contact with the skin, it may lower the temperature too much, depressing the tissues and depriving them of their vitality. There should be about four layers of toweling between the ice bag and the tissues.—Barton.

(Times and Register.)

A Diagnostic Sign of Typhoid Fever.—Dr. Howard Taylor announces in the *Lancet* what has served him as a positive test in cases of doubt.

His test solutions are as follows: A, a saturated solution of sulphanilic acid in dilute (1 in 20) hydrochloric acid; B, a .05 per cent. solution of sodic nitrite in distilled water. (Both of these solutions must be fresh, especially the latter, which cannot be depended on for more than a week at the longest. When

they are mixed, of course, a solution of sulphanilic acid containing free nitrous acid is produced, which is the actual test solution; but, on account of the extreme instability of the latter, the two solutions must be mixed fresh at each testing.) In using the test, about 25 parts of A are added to 1 of B. Mix with this an equal bulk of the urine to be examined, and render albelian with attents are represented.

alkaline with strong ammonia.

With normal urine, the only change which ordinarily occurs is a mere deepening of its color to a sherry or vinegar brown. In conditions of pyrexia other than typhoid fever the color also deepens, but still remains merely brown, although usually it becomes of a darker tint than the average color given by normal urines. But when the test is applied to the urine of a patient with enteric fever, the color rapidly turns red, the exact tint it acquires varying from the yellowish-red of bichromate of potassium solution, though ruby-red, to a rich port-wine color. On shaking the test-tube a froth is produced, which has usually a delicate pink color that is very characteristic.

The Local Application of Hydrastis Canadensis.—The peculiar feature of the fluid extract of hydrastis canadensis of producing vascular contraction after its internal administration has led to its internal employment in cases of chronic congestion of various organs. It is strange, however, that as yet it does not seem to have been employed as a local application in spite of the fact that pharmacological experiments with hydrastis have shown that this body is not only a local astringent, but also possesses local anæsthetic properties, a fact which led Dr. Felsenburg (Weiner Medizinsche Blätter, No. 48, 1888) to test the result of local application of the fluid extract of the hydrastis. He states that his results have encouraged him to further experiments in this connection. His studies were made on a series of cases of chronic pharyngitis, complicated with enlarged In all cases he states that the results were good. local application of the fluid extract to the diseased mucous membrane showed a marked decrease in the contraction of the vessels and reduction of swelling with relief of the subjective symptoms. He states that patients readily accustom themselves to the bitter tastes of this remedy, and even prefer the painting of the throat with the fluid extract to other forms of gargles or other local applications. Dr. Felsenburg thinks that perhaps a similar use of this remedy in the case of disease of other mucous membrane might lead to equally satisfactory results.—Therapeutic Gazette.

Prolonged Injection of Hot Water in Utero Cervical Epithelioma.—Mendorfer (Med. News), having for a long time employed prolonged injections of warm water in various uterine affections, wished to try this treatment in cases of cervix uteri epithelioma. He draws the following conclusions: 1. Injections of hot water (86° to 106° F.) kept up for at least half an hour twice a day (early in the day and about 4 P. M.), thoroughly disinfect the vagina, clean it perfectly and considerably diminish the ichorous discharge. 2. These injections lessen markedly the hemorrhage. 3. In the majority of cases the pains become less severe, and it is not necessary to resort to injections of morphia, the ill effect of which are well-known. In many cases Mendorfer has observed the epitheliomatous masses to diminish in volume, become indurated and their destructive process seemed to be arrested. Although such a treatment merely postpones the final catastrophe, still it is to be recommended because it renders a valuable existence easier to bear.— Med. Standard.

Nux Vomica in Cardiac Failure.—Dr. A. Bowie (London Lancet) reports two cases of cardiac failure in which death seemed imminent, that were speedily relieved by small doses of the tincture of nux vomica every half hour for four doses, then every hour. He considers it the most valuable remedy that we have.

—The use of cocaine in the urethra is attended with more risk than when applied to any other part of the body. It should be positively forbidden in the recently cut or denuded urethra.

[—]Mr. Hutchinson, of England, has formed an unfavorable opinion as to the influence of arsenic in the treatment of skin diseases of elderly persons, and unless the disease imperatively demands it he never prescribes it for them.

[—]To empty at once a distended bladder, is to expose the patient to the danger of a vesical hemorrhage; it is necessary to desist as soon as the urine does not escape in a jet, but falls in dribbling, drop by drop.

[—]Strychnine is regarded as the best heart stimulant in weakness of the heart. The heart-beat becomes strong, the small arteries contract, and the blood-pressure increases.



Vol. V.

SEPTEMBER, 1891.

No. 9.

Editor-J. F. WINN. M. D.-Proprietor.

ALL ARTICLES must be short and practical, and, when possible, authors are requested not to exceed 1000 words.

THE EDITOR is not responsible for the opinions of authors.

PRIVATE LETTERS to the editor must not be written on the sheets which contain your article intended for publication

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Dr. J. F. WINN, Richmond, Va.

The Southern Surgical and Gynecological Association

Convenes in this city November 10th-12th, under the presidency of Dr. Louis S. McMurtry, of Louisville, Ky. The preliminary programme gives promise of a fine meeting. In addition to the President's address, which will be on some live subject, coming as it does from such a live man, we note, among the authors of papers, the following: Dr. Bedford Brown, of Alexandria, "Remarks on Systemic Infection from Gonorrhea"; Dr. W. D. Haggard, of Nashville, Tenn., "The Rational Treatment of Peritonitis, Based Upon the Consideration of the Pathological Conditions Present"; Dr. Joseph Price, of Philadelphia, "Complications in Pelvic Surgery, and How to Deal with Them"; Dr. Christopher Tompkins, of Richmond, Va., "A Case of Induced Abortion for the Relief of the Nausea and Vomiting of Pregnancy, with Remarks"; Dr. Geo. Ben. Johnston, of Richmond, "Imperforation of the Rectum"; Dr. I. S. Stone, of Washington, "The Pedicle in Hysterectomy: How Formed—Its Behavior—Its Final Condition"; Dr. W. L. Robinson, of Danville, Va., "Hemorrhage Versus Shock." Papers will also be read by Drs. W. B. Rogers, of Memphis; Gaston, of Atlanta; Potter, of Buffalo; Opie, of Baltimore; McRae, of Atlanta; Lydston, of Chicago; Ricketts, of Cincinnati; Barringer, of University of Va.; Michael, of Baltimore; Davis, of Birmingham; McGuire, of Richmond, and others.

The profession of Richmond extends a hearty welcome to the Association, and it may be counted as a certainty that nothing will be lacking to make its session a success, both from a scientific as well as a social point of view. Dr. Hunter McGuire is chairman of the Committee of Arrangements. Members of the profession generally are cordially invited to attend.



Vol. V.

OCTOBER, 1891.

No. 10.

Original Department.

TREATMENT OF ACUTE AND CHRONIC DYSENTERY.*

BY

PEYTON GREEN, M. D.,

Wytheville, Va.

The proper application of remedial agents in the treatment of any disease, presupposes a correct knowledge of the morbid condition requiring treatment. Therefore, although the subject for discussion to-day is limited to the treatment of dysentery, it will not be amiss to consider its pathological changes and morbid anatomy.

Dysentery seems to have been one of the earliest recognized diseases among the ancients, and is referred to by some writers as early as five hundred years before the Christian era. Hippocrates, however, gives us the first concise description of the affection, clearly differentiating it from diarrhea by the more prominent symptoms of tenesmus, tormina, and the bloody and mucous discharges. From his time on to the present day it has occupied the attention of numerous observers, whose united labors have done much to increase our knowledge of its pathol-

[&]quot;Paper read in opening the subject for "General Discussion" at the session of the Medical Society of Virginia, held at Lynchburg, Va., October 7, 1891.

ogy and its clinical history, and to indicate the more rational and successful measures for combating it.

Although dysentery usually occurs with more frequency and greater virulence in warm climates and low-lying sections of country, yet it may truly be said to be ubiquitous, no latitude or altitude being exempt from its appearance. It has been met with as far north as Greenland and Iceland, and epidemics have frequently occurred in extreme northern Europe, notable among which may be mentioned that of 1857, in Sweden, in which there were thirty-seven thousand cases, and ten thousand deaths.

While it is generally supposed that dysentery, especially the epidemic variety, is dependent upon some specific germ for its origin, yet such has not been satisfactorily demonstrated to be the case. Moreover, no anatomical or etiological differences have ever been clearly proven to exist between epidemic dysentery and the sporadic variety, and although numerous bacilli and micrococci have been detected in the dysenteric discharges, no particular one has been isolated as the dysenteric germ.

Among some of the predisposing causes are season and temperature; the autumn months, when cool nights follow warm days, showing the larger percentage; imperfect ventilation, filth and over-crowding, this being especially the case in the tenement districts of the larger cities; impure water supply; improper and unwholesome food, particularly unripe fruit and vegetables; sudden changes of temperature; the presence of moisture in the air and the occurrence of other diseases, for instance scurvy and malaria.

The post-mortem appearances vary according to the duration of the attack, the extent of the tissues involved, and the virulence of the disease. Usually only the lower part of the large intestine is concerned, the inflammatory process being limited to the rectum and the sigmoid flexure of the colon, although in the severer and more fatal forms the entire extent of the large and a portion of the small intestine become the seat of the morbid action, giving rise to an ileo-colitis. The primary

pathological changes in all cases are increased blood supply, intense hyperæmia, and congestion of the tissues. The blood vessels of the mucosa and submucosa undergo dilatation, and this is followed by a transudation of serum and ædema of the parts. There is an increased secretion of mucus which appears on the surface of the membrane, more or less tinged or mixed with blood from the vessels which have been ruptured by overdistension of their walls. The membrane varies in color from a pinkish to a deep purplish red, according to the extent and severity of the inflammatory action. The follicles of Lieberkuhn and the solitary glands become enlarged and swollen from increase of their contents: the former break down and coalesce. forming cysts, while the latter undergo follicular ulceration and burst, pouring out their contents upon the surface of the mucous membrane, giving rise to follicular ulcers, which, by extension, unite with others and thus form large, irregular, ulcerated patches. An exudation forms also in the substance between the tubular glands and upon the free surface of the mucosa. This exudation covers the membrane more or less extensively, and, though sometimes uniform, it is usually granular, being likened in appearance to bran or sawdust by many writers. this coating be removed, the submucosa is seen to be swollen and infiltrated, and in the severer diphtheritic form the submucous and muscular coats are destroyed by the ulcerative process, and the serous coat is found to be cloudy and dull from ædema. Not infrequently the latter becomes perforated, with resulting peritonitis. In the diphtheritic types the infiltration into the interstitial substance of the mucosa and submucosa causes atrophy, strangulation and death of the parts. This dead tissue with the exudation forms a homogeneous mass, which, being thrown off, exposes to view the underlying ulcer occupying the deeper coats.

As death seldom occurs in the mildest cases, an opportunity for post-mortem examination is rarely presented. In cases of moderate severity a layer of whitish mucus, stained with blood, is found covering the mucous membrane. If this is scraped off,

the membrane presents a reddened and swollen appearance, the submucous coat is thickened and the tubular and solitary follicles are enlarged. In the severer grade the mucosa has a deep red color and a soft and pulpy consistency. A glairy mucus or purulent fluid covers the surface, and fibrinous patches of a gravish color coat it to a more or less extent. When these latter are removed numerous ulcers and erosions are seen, especially upon the summits of the folds. Small round ulcers are also detected, which result from the breaking down of the solitary follicles. The submucosa exudes a thick fluid, and the muscular coat is seen to be hypertrophied. In the intense forms of this disease the characteristic appearance of the mucosa is altogether lost. Its color is greenish, dark red, brown or black, and its surface rough and uneven, presenting many elevations and depressions. The ulcers are oval in shape or of varying outline from the coalescence of several into one. Their edges are serrated and irregular, and they have a terraced appearance, the bottom being smaller than the outer opening. The mucous membrane is frequently undermined by the morbid action, and being deprived of vitality sloughs off, the ulcer thus widening and enlarging.

In addition to the inflammatory action in the bowels, there may be hyperæmia, swelling and softening of the mesenteric glands, pancreatic or splenic enlargement, congestion or fatty degeneration of the kidneys, congestion of the brain and membranes, anæmia, acute pneumonia or pleurisy and hepatic abscess.

If the inflammatory action continues and the patient does not succumb to the disease, chronic dysentery supervenes. Here the appearances are exceedingly diverse. This condition, as a rule, results in those cases in which the attack has been severe and of long duration, and the ulcers large and numerous. Chronic ulceration is the essential feature of the disease, and this may continue indefinitely for months and years. The ulcers vary in number from a few to so many that the whole surface seems to be one continuous ulcer, relieved here and there

by intervening ridges of thickened mucous tissue. Usually the mucosa and submucosa have been entirely destroyed, and the floor of the ulcer is formed by the muscular and serous coats. The process of ulceration fluctuates between destructive changes and restoration, and while at some points inflammation, ulceration, and sloughing are going on, other parts may be in the process of healing and repair. The calibre of the bowel may be dilated from atrophy, or contracted by thickening and hardening of the submucous and muscular coats and as the result of cicatricial formation. The color presents a variety of tints and hues, due to the different intensities of inflammation and extravasations. Numerous polypi may appear, in consequence of a process of growth in the mucous tissue which has not undergone destructive metamorphosis.

The mere suggestion of a routine course of treatment for dysentery would be an absurdity. A disease having such a wide prevalence, occurring under such a variety of conditions and circumstances and presenting such different types and aspects, must necessarily demand different modes of procedure for its control, according to the nature and severity of the particular case under observation. Suffice it to say that science has not yet found a specific for dysentery, and of the many modes of treatment which have been suggested all will prove more or less successful or equally unsatisfactory and disappointing in individual cases.

While we find such authorities as Bartholow advocating saline purgation as the treatment, Roberts, with many other English and East Indian practitioners, lauds ipecae almost to being a specific, and still others regard opium as the sine quanon for the disease.

Prophylaxis should always receive our early and earnest attention. When dysentery is prevalent, either as an epidemic or endemic, the predisposing and exciting causes should be rigidly avoided. The food should be wholesome and nutritious, and the water supply free from impurities. The clothing should be sufficient to keep the body at the proper temperature, espe-

cially when there are sudden changes from warm days to cool nights, and over-fatigue and exposure to vicissitudes of weather should be guarded against. The discharges of dysenteric patients should be disinfected as soon as passed, and then deposited where they will not be a source of contamination. The linen, both of the patient and the bed, should be frequently changed and thoroughly disinfected before washing. An excellent agent for this purpose is Platt's chlorides. The patient should be isolated when practicable, the room should be well ventilated, and even in summer a light blanket should be used to prevent sudden chilling of the surface. In many ordinary cases of a catarrhal nature rest and diet, with a saline cathartic or a dose of oil when there is constipation or the attack has not been preceded by a diarrhea, is all that will be needed. Opium in some form may be indicated for the relief of tormina and tenesmus. Numerous cases of this variety recover without the attendance of a physician, and it is doubtless to the recovery of just such cases that many systems of treatment owe the reputation to which they are not really entitled. But, unfortunately, we are frequently confronted with much graver cases than these, which are not self-limited, but tend to a rapid and fatal issue without interference on our part, and even then all medication may, and does often, prove abortive.

Among the many plans of treatment which have been laid down, the following may be mentioned:

- (1) Laxatives and opium; (2) Antiphologistics; (3) Calomel and salines; (4) Castor oil in repeated doses; (5) Saline laxatives; (6) Opium; (7) Ipecacuanha; (8) Antiseptics; (9) Irrigation.
- (1) The treatment by laxatives and opium producing alternate conditions of catharsis and narcotism, has pretty generally fallen into disuse and need not be dwelt upon to any extent. Certainly, if used at all it should be restricted to the first stage of the trouble. This being a disease in which rest and quiet are such essential factors in the treatment, it is irrational to suppose that harmful effects will not result from

such increased and repeated peristals is as must necessarily follow the continued administration of cathartics.

- (2) The antiphologistic plan of evacuants and blood-letting would only be admissible in sthenic cases of robust and strong constitution. In such cases the application of leeches or vene-section, when the inflammation is very acute and the pyrexia marked, can, when properly done, be productive of no serious ill effects, and sometimes they afford much relief and produce favorable results by reducing the fever, slowing the pulse and diminishing the intensity of the inflammatory action.
- (3) The continuous use of large doses of calomel seems unnecessary. The effect of such doses followed by saline purgatives is very depressing, and hence they tend to produce one of the most formidable symptoms we have to contend with in attacks of prolonged duration, namely, exhaustion of the vital powers. If there be portal congestion in patients of a bilious temperament, one or two decided doses of calomel will frequently prove beneficial by relieving intestinal hyperæmia. It has also been suggested that the mercury may act as an antiseptic, and destroy the germs upon which cases of endemic and epidemic varieties are supposed, by many, to be dependent for their origin.
- (4) The saline laxative treatment has many supporters, and is of undoubted benefit in many cases during the catarrhal stage. They rid the intestine of retained fæces, diminish hyperæmia by their osmotic action, and their after-effect is said to be sedative and astringent. Their use should be limited to the earlier stages, as their continued and persistent employment is open to the objection of producing depression and exhaustion of the patient.
- (5) Castor oil in continued and repeated doses in all the stages of the disease has some warm advocates. It is claimed that the discharges are materially and notably checked by this remedy when given in cathartic doses, and then administered every few hours in quantities of one to two drachms. The

writer has never pursued this plan of treatment, and hence cannot speak of it from personal experience.

- (6) Opium in large doses at frequent intervals is advocated by not a few. Loomis gives it preference above all other remedies, and advises its use to semi-narcotism. While it is of inestimable value in relieving the pain and straining, I venture to say there are few of you who would feel safe in administering it in such doses. Even though the discharges are checked by it, the inflammatory action is still going on, and by relieving the suffering and diminishing the frequency of the stools, it may so mask the true nature of the disease that sudden death from peritonitis or other causes might close the scene when to all intents and purposes the case seems to be progressing favorably.
- (7) Of all the special lines of treatment, that of large doses of ipecac seems to have the greatest number of advocates. This plan of treatment was introduced some two hundred years ago, then gradually fell into disuse, to be revived in later years, and is now so extravagantly praised by some writers that one would almost conclude that in it we have a specific for the disease. Yet we find a marked disparity in the size of the dose employed by different authorities. While physicians in India prescribe it in thirty to one hundred and twenty grain doses, five to twenty grains seem amply sufficient for others, and Loomis has found it "just as efficacious in one-quarter grain doses every half hour."

When this plan of treatment is pursued, it is best to administer the remedy in wafers or capsules, or in a small amount of fluid such as sweetened water or some pleasant syrup. A dose of laudanum, a starch-water and laudanum enema, or a hypodermic of morphine and a mustard plaster to the epigastrium to prevent nausea should precede its administration, and absolute rest in the recumbent posture and abstinence from fluids of any kind should be enjoined for three or four hours, to give the drug time to pass out of the stomach into the intestine.

If there be much thirst the patient may be allowed to suck

lumps of cracked ice. If the first dose is rejected, a second or third should be administered until toleration is established. and it should then be continued every ten or twelve hours for several days until its curative effects are apparent. If, however, the nausea and vomiting is persistent and cannot be relieved, the use of the drug should be abandoned. A recent writer sums up the effects of this remedy as follows:--" It acts as an evacuant, increases the aqueous character of the secretion of the whole alimentary tract, promotes general diaphoresis, increases flow of healthy bile and diminishes the force of the heart's action by lowering muscular tension generally." Recognizing the weight of authority in its behalf, the writer has used this plan of treatment, but not with very satisfactory results. He found the nausea exceedingly hard to overcome, and can speak from personal experience in but a limited number of Certainly it seems that the very large and depressing doses required in tropical countries are not necessary in this latitude and climate.

(8) The antiseptic mode of treatment promises to do much in controlling this disease, especially if we consider it dependent upon some micro-organism for its orgin. The treatment is of comparatively recent date, and I have but small data of my own upon which to base an opinion; but it bears the stamp of rationality, and those of us who have been disappointed in the employment of the older methods will do well to give it a fair and honest trial. Among the many agents recommended are iodoform, salicylic acid, cupric sulphate, boric acid, carbon-bisulphide water, creasote, naphthalin, bichloride of mercury, salicylate of sodium, resorcin, etc. The weight of authority seems to be in favor of the salts of salicylic acid, especially salicylate of sodium. The bisulphide of carbon water, however, has proved very successful in the hands of Beaumetz. He gives the following formula:—

B	•
	Carbon-bisulphide, 3vi.
	Water,
	Spts. of peppermint, gtts.xxx.

This should be well shaken and then allowed to settle. Eight or ten tablespoonfuls, diluted with milk or water should be given during the day so as to have the continued presence of the remedy in the intestines.

Doubtless all the above modes of treatment will prove efficacious in selected cases, but the special agent to be used and the extent to which its use is to be persisted in will be governed by numerous circumstances and conditions which can only be learned at the bedside of individual cases; and in the later stages of grave attacks our treatment will be almost wholly symptomatic.

In those cases which have come under my own observation I have usually pursued the following course of treatment with satisfactory results, varying it, however, according to circumstances:—As soon as a diagnosis of dysentery is made, the patient should immediately take his bed, and if any chilliness is experienced, he should be warmly covered, and hot irons or bottles of hot water should be placed to the extremities. If an indiscretion in diet has been the exciting cause, the stomach should be emptied of irritating material, if any is thought to be present, by an emetic. Twenty grains of ipecac in a cup of warm water will usually accomplish this, but if necessary the dose can be repeated in half an hour. If exposure, causing sudden suppression of the normal action of the skin, has ushered in the attack, free diaphoresis should be produced. A saline cathartic is then given, usually sulphate of magnesia; although sulphate of soda, citrate of magnesia or Rochelle salt may be used.

If there be a torpid condition of the liver, four to six grains of blue pill or calomel can be administered to be followed by a saline in a few hours. If there is much pain it will be found best to combine some preparation of opium with the mercury. If there be not several copious actions the saline should be repeated in four or five hours. When the bowels have acted freely an opiate may be given with five grains of ipecac, which latter may be repeated every few hours. In case of much nausea this may be relieved with bismuth, ingluvin, elixir of lacto-

peptine, peppermint or lime-water, etc. This treatment may be followed for a few days at least, circumstances governing subsequent measures. Should the tenesmus be great, cocoa butter suppositories of opium and belladonna, opium, and hyoscyamus, iodoform or a two to four per cent. ointment of cocaine will frequently afford relief, and I have found that a warm poultice of hops containing a few drops of laudanum applied to the anal region will often exert a soothing influence. A not infrequent and very useful remedy consists of starch-water and laudanum enemas. Care should be taken not to have them too large, as they may create a desire to stool when administered. For the relief of pain, mustard plasters, warm fomentations or hot water bottles of rubber may be applied to the abdomen, or the surface may be rubbed with an ointment of belladonna or covered with a flannel cloth upon which turpentine has been sprinkled. Castor oil instead of the saline mentioned above may be indicated when the patient is much prostrated and the salt seems to produce too great peristaltic action. If the attack is accompanied by much pyrexia it should be controlled with some antipyretic, phenacetine having proved very satisfactory in the writer's cases. Aconite is preferred by some, who think that in addition to its antipyretic action it exerts a curative effect upon the disease, one writer reporting one hundred and fifty-eight cases treated thus with only one death. One minim is given every quarter of an hour until eight doses have been taken, then one minim every hour for twenty-four hours.

Diet is of the foremost importance in the treatment of dysentery. It should be bland and unirritating, and no solid food whatever should be allowed, such foods, leaving a residium, cause, by friction, an irritation of the inflamed mucous membrane. Fresh sweet milk, beef tea, beef, chicken and mutton broths, eggs, boiled custard, oyster soup and farinaceous articles, such as arrowroot, sago and tapioca, are among the articles which should be allowed in small quantities at frequent intervals. Should nausea be present, the milk may be diluted with one-fourth lime-water. One of the most pleasant and agreeable

preparations of food which I have used is Wyeth's beef juice in teaspoonful doses. Alcoholic stimulants should be avoided, except in exhaustion or cases of a typhoid character. In such cases egg-nog should be frequently given, and, if the stomach is irritable, champagne may be used. If the disease continues a week without improvement the suppurative stage has probably set in with ulceration and denudation of the membrane. Cathartics, if they have been used, should now be discontinued. In this stage an emulsion of turpentine may be of much benefit, and the following formula, suggested by Dr. Palmer, of the University of Michigan, has acted well in my hands:

Ŗŧ										
	Tinct. of opium									Ziii-i
	Oil of turpentine			•	•	•				Ziiiss
	Gum arabic (pulv.)									•
	White sugar aa									388
	Camphor water									Ziii
M	-For emulsion.									•

Dose 3i, once in four or six hours.

The use of astringents may now be resorted to either by the mouth or by the rectum. Numerous agents of this class may be used, among which are various drugs containing tannic or gallic acid, carbolic acid, acetate of lead, sulphate or chloride of zinc and nitrate of silver. In case of severe hemorrhage, gallic acid in large doses may be administered, or ergot in some forms, hypodermically, and for the latter purpose I usually use ergotole. Should there be a malarial complication, quinine in full doses would be indicated. In the sloughing stage, tonics, stimulants and supporting measures are required, and should be freely given, but in most cases which have reached this condition all efforts to control the disease will usually prove of no benefit. Numerous complications may arise which must be properly treated as they present themselves. A frequent and very distressing symptom is retention of urine, in which case the catheter should be used with care, as the bladder is often irritable or inflamed.

There is one mode of treatment that has come into vogue of late years, which seems to be the most rational, and promises most encouraging results. I refer to the treatment by rectal injection. In the writer's experience it has invariably proved successful in adult cases and in most cases of children, except in very young infants or children of a highly nervous and excitable temperament. I have used it in all stages of the disease with seeming benefit, and invariably resort to it as soon as the blood and mucous discharges make their appearance. A fountain syringe of large capacity is infinitely to be preferred to any other. Its flow is not intermittent: it can be easily controlled: it retains the warmth of the injection better than the vessel which must be used with the ordinary bulb syringe, and it is readily cleansed. I generally use in adults from two to six pints, according to the tolerance of the patient, of a one in ten thousand to a one in three thousand solution of the bichloride of mercury every six to twelve hours as the case demands. nary rectal nozzle may be used, or, if more desirable, a soft rubber catheter. In either case, the anal opening should be well lubricated with vaseline, oil, or lard. The instrument, similarly lubricated, should then be gently introduced, the patient lying upon the back, the knees well apart, the thighs flexed upon the abdomen and the legs upon the thighs. The fluid is then allowed to pass into the bowel as long as the patient can tolerate it. When a feeling of fullness and distension is complained of, desist for awhile, and if there be no great tenderness gently knead the bowel, and then proceed with the injection. In this way a very large quantity of fluid may be introduced without much discomfort to the patient. Immediately after the instrument is withdrawn, the patient is allowed to evacuate the bowel, and a suppository of opium is then introduced. In the great majority of cases the sufferer, who has been on the rack of torture, experiences a sense of comfort and relief, and passes into a refreshing sleep of several hours' duration. It is rational to suppose that the remedy acts in several ways. The warmth of the fluid has a soothing effect upon the inflamed mucous membrane, the bichloride acts as an antiseptic and destroys micro-organisms, and the injection flushes out the intestine, cleanses the ulcerated surfaces, and washes away the results of necrosing tissue, thereby affording the patient a period of comfort and quiet until new material is formed. If there be much pain or tenesmus the injection may be preceded by an enema of laudanum or an opium suppository, or the anus may be painted with a two to four per cent. solution of cocaine-hydrochlorate, or a small amount of a solution of the latter may be injected into the rectum. An ointment of cocaine sometimes gives much relief, and the application of leeches to the anus has been highly recommended. The frequency of the injections should be governed by the symptoms of individual cases.

If the bichloride causes much pain, it may be given in weaker solutions, or simple injections of warm water may be resorted to. I would suggest, however, one of the following or some other antiseptic;—salol, listerine, fluid extract of hydrastis, salicylic acid, the salicylates, etc. In all cases the water should be as warm as can be comfortably borne by the patient and the amount large. This plan of treatment, with rest, proper diet and medicine by the mouth as indicated, has usually proven perfectly satisfactory in those cases which have come under my professional care, and while I would not dogmatize upon it, I submit it to the careful consideration of those who have not tried it, or who may have been disappointed with the older methods of treatment.

When dysentery assumes the chronic form, it becomes a very obstinate affection, and is not readily amenable to any treatment. Great care should be observed by convalescents from acute attacks, as indiscretions in diet and habit at this time are frequent causes of the chronic condition. The general health of sufferers from chronic dysentry requires careful attention. The clothing should be warm, and flannel should be worn next to the skin. Rest and freedom from excessive fatigue, both of mind and of body, is imperative, and the surroundings

and environments of the patient should be made as cheerful and pleasant as possible. Despondency is a frequent accompaniment of the disease, and there can be no doubt that the mental condition exercises a very potent influence upon the physical welfare of the sufferer. When practicable, a change of scene and climate, especially from a damp to a dry section, or from the excessive heat of the tropics to the cooler temperate zone, will be of material aid in perfecting the cure. A sea voyage for those whose circumstances will permit it, will exercise a beneficial influence.

Diet is also of vast importance, and each case must be a law unto itself, as patients soon learn just what articles agree or disagree with them most. On general principles the food should be of a nutritious and unirritating character, and easily digested and assimilated. Highly seasoned articles and rich or coarse kinds of food should be interdicted. The milk diet, with rest and proper medication for several weeks, sometimes produces marked amelioration of the symptoms. If the patient becomes tired of milk it may be alternated with soups and broth of various kinds. Stimulants and tonics are of great value, especially in cases in which there is much reduction in flesh and weight and loss of strength. Roberts reports the greatest benefit from the prolonged use of cod-liver oil, and I have found the compound syrup of the hypophosphites to be an excellent tonic in these cases. Local applications to the abdomen, or starch-water and laudanum enemas by the rectum, will be indicated for the relief of pain when this is excessive. Astringents by the mouth or rectum, or both, offer the most hope of relief so far as medication is concerned. Various remedies have been used, preference seeming to be in favor of the nitrate of silver and the sulphate of zinc by the rectum, and those drugs containing tannin by the mouth. Bismuth in large doses has many advocates, and I recall one case which recovered under the use of a saturated solution, if I may use such a term, of paregoric and bismuth in teaspoonful doses every four to six hours. When the ulcers are situated in the rectum, a rectal speculum may be carefully introduced into the bowel, and the diseased surfaces touched with nitric acid, nitrate of silver or some other caustic. All medicines, however, often fail us, and medication is of secondary importance when compared with rest, diet, and hygiene.

Society Siftings.

Richmond Academy of Medicine and Surgery. (Report of Dr. Ellis).—In order to introduce the subject of diphtheria, which is prevailing to some extent in the city at this time, Dr.

Jacob Michaux described a case he is now treating

When first seen, the little fellow was running about the house and seemed but slightly indisposed, but upon examination it was found that the glands about the neck were slightly enlarged, the throat swollen, and the tonsils thickly covered by a distinctly yellowish membrane. He was put upon three drops of the muriated tincture of iron, containing one grain of corrosive sublimate to the ounce, tonic doses of quinine, full doses of whiskey and antiseptic sprays, such as per-oxide of hydrogen, Blair's chloral-thymol and turpentine.

After a few days the membrane had encroached along the soft palate to the uvula, the posterior pharynx remaining uncovered. The patient was permitted to run about the house; was carefully nourished, eating heartily of good, substantial food up to the eighth day, when his appetite began to fail. The tonsils have thrown off one coating of the diphtheritic membrane, but this was almost immediately replaced by another.

The uvula shed its first coat on the tenth day.

Dr. John N. Upshur commended the use of iron and corrosive sublimate in the treatment of diphtheria, but thinks the dose employed by Dr. Michaux entirely too small. He prescribes much more heroic doses, using glycerine, which is antiseptic, unctuous and pervasive, as a vehicle. He thinks Dr. Michaux's patient should have been put to bed and kept in the recumbent position, as the well-known tendency to heart-failure in diphtheria renders the least exertion perilous to life. Such exercise likewise increases the liability to secondary paralysis. For local use he prefers a gargle of carbolic and boracic acids, painting the membrane with Trypsine. He protests against the employment of the solid stick of nitrate of silver, as there is

danger of lacerating the throat and starting new points of infection.

Dr. M. L. James said that he wished further to emphasize what Dr. Upshur had said about the necessity for attempting to avert the heart-failure, in which diphtheria so frequently terminated, and as a means to this end he commended the use of whiskey, but cautioned against exceeding stimulant doses, as an excessive quantity brings about the sedation we wish to avoid. One-half an ounce he considers an average stimulant dose for an adult; but in reply to a question from Dr. Upshur, he said he was convinced that the presence of the diphtheritic poison in the system created a greater tolerance for alcoholic stimulants. In regard to glycerine, he is of opinion that its use in large quantities may produce an exhaustive diarrhæa, or inflammatory condition about the kidney, and these facts should be considered when using it as a vehicle for the administration of other remedies.

Dr. Upshur replied that when glycerine acted as an irritant it was because of some impurity. The burning sensation resulting from its use is due to its property of extracting water from the tissues to which it is applied; but this is followed by increased activity and improvement of the underlying sudoriferous glands. The astringent effect of the iron, when glycerine and iron are administered internally, may impair the osmotic function of the gastro-intestinal mucous membrane. In diphtheria, local benefit is derived from the employment of glycerine as a vehicle on account of its tendency to more effectually disperse the iron and bichloride over the affected area.

Dr. Michaux said that for some time it had been his habit to use small doses of iron and bichloride in the treatment of diphtheria, although his object is to saturate the system as soon as possible with these drugs. But experience teaches him that large doses, by upsetting the digestive system and creating intolerance for the remedies, not only defeats this aim, but, by disordering the stomach, greatly impairs nutrition. He also realizes the danger of heart-failure and of subsequent paralysis; but where we have an unmanageable boy, as was the case reported, who is eating heartily and assimilating his food, he asks the question, had he forcibly confined him to bed, would he have digested his food and been as well nourished and sustained under this enforced quiet? The Doctor answers his own question in the negative.

Dr. Charles M. Shields urged the importance of avoiding any cutting operation on the throat during the prevalence of diph-

theria, as the deposition of the membrane is facilitated by any abrasion of the surface. Injections of antiseptic solutions into the substance of the affected tonsils has been lauded by recent journals, but the experience of New York physicians, with whom the Doctor has conversed, is opposed to this procedure. It is too commonly followed by increase of deposit over the point of insertion of the needle and along the puncture, deep into the tissues. He suggested the use of digitalis, in addition to the iron and bichloride, where there is marked tendency to heart-failure.

In reply to a question from Dr. Michaux, as to the advisability of using caustic, Dr. M. L. James said that he used the solid stick directly to the membrane, which it seems to chemically decompose, but is careful to avoid the unaffected surface.

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month.]

Europhen—a Substitute for Iodoform.—This new antiseptic medicament, designed to replace iodoform, is obtained by the action of iodine upon isobutylorthocresol. Its pharmacology and bacteriology have been studied by Siebel, and its therapeutic action by Eichoff. Europhen is an amorphous yellow powder, exhaling a slight odor resembling that of saffron. It is insoluble in water and glycerine, and is more soluble than iodoform in alcohol, ether, chloroform and the oils. Europhen adheres better than iodoform to the skin and to open wounds, and an equal quantity of it, by weight, will cover a surface five times greater.

This iodide of isobutylorthocresol is not toxic. Dogs were found to take two or three grammes of it with impunity, and the human organism will bear one gramme of it without unpleasant phenomena, save a slight feeling of weight in the

stomach.

The urine of patients who had absorbed europhen did not contain iodine.

Eichoff employed it successfully in dressing both hard and soft chancres. He used it as a powder, and also in the form of a one or two per cent. ointment. He furthermore employed it

successfully in hypodermic injections for syphilitic patients suffering from the secondary and tertiary symptoms of syphilis. These injections consisted of one gramme of europhen to one hundred grammes of olive oil, and of this one-half to one cubic centimetre was injected daily in one dose. Eichoff also employed europhen in varicose ulcer and ulcerative lupus, as well as eczema, psoriasis and favus, in all of which it proved to be efficacious. Ointments containing one or two per cent. of europhen are as strong as need be used. Five per cent. ointments caused a certain amount of irritation.—La Semaine Medicale, July 29, 1891; Repértoire de Pharmacie, August 20, 1891.

The Medical Value of the Climates of Southern California.—After a residence of three years, Dr. W. A. Edwards publishes a clear and scientific paper in the Climatologist on this subject. Among other things, he states that in the wonderful San Diego county all the varying conditions of climate can be found, from the warm, equable climate of the coast to the rarified and bracing air of the altitude of 12,000 feet in the San Bernardino Mountains; while the eastern portion of this county is 360 feet below the level of the sea, forming a natural pneumatic cabinet.

Dr. Edwards' experience is most valuable. He has seen but two cases of pneumonia during his residence, both in consultation practice, recovery occurring in the usual time. He has never met with any cases of pleurisy, asthma or bronchitis in the native population. In renal disorders, this county presents almost a unique record. If the change in residence is made in chronic renal trouble while the connective-tissue change is yet embryonic, Dr. Edwards believes that owing to the decreased tension, active skin, freedom from intercurrent renal congestions and a constant outdoor life, the disease may be arrested or removed. In properly-selected localities, almost entire im-The climate is parmunity from rheumatism can be obtained. ticularly suited to the troubles of advancing age; it can be robbed of many infirmities by proper selection of residence. Cystitis and insomnia are speedily relieved, even in a sojourn of a few months.

In tubercular cases, the chief purpose of climate change tending to increase cellular resistive power, no climate existing which will kill bacilli, the many varieties of climate found in this region are suited to the different wants of properly-selected cases, these being generally persons predisposed to tubercular trouble, or in its incipient stages.—University Medical Magazine

Aseptic and Antiseptic Details in Surgery.—Dr. A. G. Gerster, of New York, believes that personal cleanliness and cleansing of the field of operation are to be accomplished by mechanical measures rather than by disinfectants. The dirt and oily matter of the skin is removed by emollient potash, soap, and stiff brush. This is followed by the germicidal lotion. The hands of the surgeon are to be sterilized in the following manner: The nails are trimmed short, the hands scrubbed with soap and brush in hot water for one minute. The nails are then cleaned, and the hands immersed in strong alcohol and then washed in a 1 to 1.000 corrosive sublimate solution. require careful attention. They may be sterilized by boiling for five minutes in water containing one per cent. of washing soda. They should be kept in a 1 to 1,000 bichloride solution, Instruments are sterilized by boiling for five minutes in soda solution, in a covered vessel. The addition of the soda prevents formation of rust.

Dressings are rendered absorbent and sterilized by steam. Strong antiseptic agents in dressings are objectionable from their action on the skin. Dressings may also be sterilized by

boiling in soda or potash lye.

He thinks Florida sponges are the best, as owing to their cheapness they can be used once and then thrown away. Boiling of sponges is to be condemned. Sponges are best prepared by beating, followed by immersion in diluted muriatic acid. Acid is removed by washing. Then immerse in water for two days to permit the spores to germinate. Each sponge is then kneaded in hot water for one minute with potash or soft soap, They are then placed in five per cent. carbolic solution for twenty-four hours. As a substitute for the large flat sponges used in laparotomy, he recommended the substitution of pads of absorbent gauze.

In operating, few instruments, sponges, and assistants should be employed. The dissection should be clean, the tissues being cut rather than torn. Irrigation should not be employed, except when special indications present. In the abdominal cavity irrigation was condemned; when the peritoneal cavity is contaminated by pus, etc., simply wiping away of the matter is sufficient. In perfectly aseptic operations, no drainage is required. Iodoform gauze can often be substituted for the use of tubes. Drainage by tubes is required when there is progressive suppuration. In combating septic morbid processes, mechanical measures, such as incision, drainage, and irrigation, are of

more importance than chemical measures.

The Present Status of Brain Surgery.—Dr. D. Hayes Agnew, of Philadelphia, in considering the present position of brain surgery as based upon the practice of Philadelphia sur-

geons, arrives at the following conclusions:

1. That all fractures of the skull attended with depression. however slight, and entirely irrespective of symptons, should, in view of the late after-affects, be subjected to the trephine. 2. That trephining for traumatic epilepsy promises only palliation at best. 3. That trephining for Jacksonian epilepsy is to be regarded as only affording temporary benefit. trephining for abscess, in view of the fact that all such cases left alone almost invariably terminate fatally, is entirely proper, and that the earlier such operation is done the better. 5. That trephining for intracranial traumatic hemorrhage is both an imperative and highly promising operation. 6. That trephining for cephalalgia, or traumatic epilepsy (medical measures having failed), should be undertaken with every prospect of success. 7. That trephining for hydrocephalus is a useless operation. 8. That trephining for microcephalus, independent of athetosis, confers no credit upon surgery. 9. That it is more than probable that as our observations multiply, the sphere of the trephine as a preliminary for the removal of brain tumors will be lessened rather than be amplified.

Seibert's New Treatment for Diphtheria.—Professor Seibert proposes (Archives of Pediatrics) yet another system of treatment of pharyngeal diphtheria, which is interesting from some points of view. Basing his ideas upon the fact that the pharvngeal manifestations of diphtheria begin as a local process, and that this owes origin to the entry and penetration in the mucous membrane of the Klebs-Loeffler bacillus; that the pseudomembrane is not the disease, but the result of the disease, and is "a safe guide to the diphtheritic inflammation below it;" that the chief treatment should be local, and that the removal of pseudo-membranes is useless, as the bacilli contained therein are of no further consequence, and that local treatment. as carried out generally, does not reach the active bacilli in the lower strata of inflamed tissue, and is therefore neither local nor germicidal; that wiping away the pseudo-membranes and applying strong antiseptics to the parts is also ineffective, as only tending to cauterize and infect the healthy surrounding mucosa, to rubbing the bacilli into deeper parts, and is without germicidal effect, Professor Seibert has devised instruments for the purpose of bringing comparatively small, but very strong,

solutions into direct contact with the bacteria which are in activity upon the lower stratum of the mucosa. The anti-bacillary medium to be used is the officinal and freshly-prepared chlorine-water of the United States Pharmacopæia, and with a special syringe (the chief feature of which appears to be that instead of one needle-point there are five such points arranged on a flat disc) the points are pressed firmly in to their full length into the pseudo-membrane, so as to reach the inflamed tissue below, and chlorine-water is injected into the part. Thus brought into direct contact with the active bacilli and cocci of diphtheria, these latter are immediately destroyed, and "the process comes to a standstill." The contact of the chlorine and the active germs is the foundation of the treatment.

Consultations.—There is no part of a physician's duties which is more delicate or requires the exercise of more discretion than that relating to his attitude as consultant to a brother practitioner. The situation is such as to increase his responsibility, and yet appeals in many ways to some of the more unworthy elements in his character. The temptations to misuse the influence which his relation gives him are sometimes quite strong. There is also danger of doing injustice to physician or patient by inadvertence if not by design. The consultant is called in when the physician in charge either feels that his power over the disease is seriously endangered, or that the nature of the diseased condition has in some degree eluded him. The consultant may have no greater experience and be no better fitted for his task than he, but his relation to this particular case gives him a decided advantage. How many are careful to use this advantage with proper discretion? Have we not many times seen an elderly consultant, or one of longer experience, unjustly dominate a brother of less experience, but perhaps in every respect otherwise as fully qualified, simply because the anxiety of the friends has given him an opportunity? He may be conscious that the diagnosis and treatment have been all that could be asked, and yet there is scarcely a case where some modification of the latter may not be advised, making all the difference between tweedledee and tweedledum, and at the same time impressing the friends with his superior ability. There are usually several remedies which might be used interchangeably in a given condition, and a consultant should not be tempted to make such substitutions merely for the purpose of change, nor unless he has good reason to believe that the condition of the patient demands it.

Neither should be tempted to hold private conferences with friends. No two men, though equally competent, and even holding precisely the same views in a given case, will give the same impression of its nature to the friends. The forms of expression of the two are different, and we can never be sure of the interpretation which the friends will put upon them. Therefore, what is said to them should be said in the presence of the physician in charge and have his sanction. The greatest temptation comes in those cases where the anxiety of the friends overrides the judgment of the physician in charge and a consultation is demanded when the judgment of the attending physician is against its necessity. Any honorable physician will readily concede such a request, and also consent to such consultant as the friends may select, but for the consultant under such circumstances to use this anxiety to elevate himself in their estimation at the expense of the standing of the physician in attendance, is one of the most despicable acts of which a consultant can be guilty.

The interest of the patient should of course be protected, but this can be done without jeopardy to the reputation of either physician, and the demand that this be done stands upon a higher plane than simply its requirement by any "code."

The question of fees is one also which requires consideration. No physician should expect a consultant to divide the fee which he receives for the extra responsibility which he assumes, and no honorable consultant will consent to such arrangement; but on the other hand no consultant should fix his fee so low as to be a bid for the patronage of the family, nor so high as to prejudice the patient and his friends against the physician who may have asked for his advice.—Cincinnati Lancet Clinic.

White of Egg for Cracked Nipples.—Dr. Frank Van Allen, of India, in a letter to the New York Medical Journal, says he has found white of egg to be the best remedy for sore nipples he has ever tried. The nipple should be painted several times a day. The albumin may best be applied just after nursing, while the nipple is still moist from the baby's mouth. As somewhat of a thick film is formed, it is well for the nipple to be moistened with a soft cloth dipped in water just before the baby is again put to the breast. The efficiency of the albumin is heightened by allowing it to dry on thoroughly before drawing the clothes again over the breast. This soothing albuminous covering forms a delicate film over the abraded nipple, and the surface is soon—within a few hours, except in severe cases—entirely healed.



Vol. V.

Address all communications to

OCTOBER, 1891.

No. 10.

Editor-J. F. WINN, M. D.-Proprietor.

ALL ARTICLES must be short and practical, and, when possible, authors are requested not to exceed 1000 words.

The Editor is not responsible for the opinions of authors.

PRIVATE LETTERS to the editor must not be written on the sheets which contain your article in-

tended for publication. Subscriptions may begin at any date. It is better to start with the year.

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Dr. J. F. WINN, Richmond, Va.

The Recent Work of the Medical Society of Virginia.

The twenty-second annual meeting of the Medical Society of Virginia, held at Lynchburg October 6th, 7th, and 8th, was characterized by much good work, completed and projected, of interest to the whole profession of the State.

Among other resolutions adopted, was an important one offered by Dr. George E. Wiley, of Abingdon, Va., which provides for the appointment of a committee to petition the Legislature of Virginia to enact a law allowing the sum of not less than \$25 to every regular practitioner of medicine who may be summoned to testify as an expert before any court in this State.

This is a subject of vital interest to every member of the profession, since under existing laws physicians are liable to be summoned any distance and receive only the pitiful sum of fifty cents a day.

Let every doctor in the State see to it that his representatives in the General Assembly are correctly informed concerning the impositions put upon our profession by reason of the State's failure to recognize the value of expert testimony, upon which often depends the crimination of some vile murderer or other fiend.

Of equal importance to the whole people is the resolution offered by Professor W. C. Dabney, of the University of Virginia, providing for a committee of three to formulate some plan to present to the Legislature for regulating more satisfactorily the commitment of persons supposed to be insane and the control of so-called criminal lunatics.

Under existing statutes three justices of the peace sit in judgment upon the mental condition of any citizen who may be brought before them on complaint of any person, friend or enemy of the party to be examined. For evidence they may summon his family physician.

The records of our hospitals for the insane bear witness to the statement that numbers of individuals are committed by due process of law who in fact never were lunatics. Insanity is a disease, and every citizen supposed to be insane is entitled to the most careful examination by medical men skilled in the detection of mental deficiencies.

Another subject in the line of progress was the acceptance of the report of the committee appointed last year, which report was to abolish the old system of "Reports on Advances in the several Departments of Medical Science," and substitute therefor the appointment by the President of fifteen Fellows, each of whom shall read a paper on some subject of his own selection, and announce to the Society through its Secretary not later than three months after the appointment. This new system it is believed will encourage freer discussion and create greater interest in papers.

The meeting at Lynchburg was voted a success by every one who had the good fortune to be present; and all returned to their homes greatly indebted to the profession of the Hill City for the hospitalities so liberally extended.

The Modern Treatment of Syphilis.

This is the title of a recent paper from the pen of a no less distinguished author than Mr. Jonathan Hutchinson. He

starts out with the idea that mercury is now recognized as the one real remedy for syphilis. It is not used however in that violent manner of a quarter of a century or more ago, but we give it by methods which entail little or no inconvenience on the patient. and which do not in any perceptible way disorder his health. The current opinion of syphilographers is, that mercury begun six weeks from date of contagion and taken continuously in such doses as can be borne just short of ptyalism, will almost. if not completely, prevent the occurrence of secondary symptoms. It must be given in sufficient quantity to cause the rapid and complete disappearance of the primary phenomena; for if these are allowed to linger, the secondary ones will inevitably follow. Mr. Hutchinson still uses one form of mercury to the almost total exclusion of all others, and he still prefers to modify the frequency of the dose rather than the dose itself. His preference seems to be for the gray powder, because of its efficiency as well as for the fewer inconveniences attaching to its employment. He gives a pill containing one grain of gray powder, with enough opium to prevent diarrhoea or griping, at intervals varying from three times a day to every three or even two hours, according to its effect on the patient. Upon the persistent and systematic employment of mercury during the secondary stage depends the diminution of tertiary syphilis. to the efficiency of iodide of potassium in the tertiary stages, it is especially useful in cases of diseased bone and in lupoid affections of the nervous system. As regards the permanency of cures by the iodide, there is a general impression that it is not so efficient as mercury. Mr. Hutchinson suspects, however. that this impression was founded chiefly on its employment in the secondary stage. Of the tertiary phenomena it is, he believes, true that if once cured by any agent they but seldom relanse. If only partially cured they invariably do so, as their cell elements are infective.

For hereditary syphilis he prefers the bichloride to the gray powder. Iodide potassium may be combined with it if there is any evidence of bone disease. Especially should these be used liberally and in combination in those late manifestations, such as keratitis, deafness, phagedænic affections of the throat, etc.

Dr. Hunter McGuire's Prize for 1892.

The subject selected by Dr. Hunter McGuire for his prize of one hundred dollars for the best original essay prepared by any member of the State Medical Societies of Virginia, West Virginia, or North Carolina is *Tetanus*. All type-written or printed manuscripts offered in competition must be in the hands of the Recording Secretary, Dr. Edwards, Richmond, Va., not later than August 15, 1892.

Officers of Medical Society of Virginia for 1892.

At the Lynchburg meeting, Dr. H. Gray Latham was elected president unanimously, than whom a better man could not have been chosen. For Vice-Presidents: Drs. J. R. Gildersleeve, of Tazewell C. H.; Hugh Stockdell, of Petersburg, and J. B. Moore, of Aylett's. Dr. Landon B. Edwards, of Richmond, and Dr. J. F. Winn, of Richmond, were re-elected Recording and Corresponding Secretaries. Dr. R. T. Styll, of Hollins, was re-elected Treasurer. Dr. Jacob Michaux, of Richmond, was chosen to deliver the annual address to the public and profession. Honorary Fellow, Dr. Hunter McGuire, remains as chairman of the Executive Committee; Dr. W. D. Turner, of Fergusson's Wharf, Va., is chairman of Committee on Applications for Fellowship, and Dr. Hugh M. Taylor, of Richmond, is chairman of Committee on Publication.

The Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. See advertisement.

Winnowings.

- —The time for resorting to intra-uterine irrigation after labor is in the earliest stages of sepsis.
- —Simplicity of prescription is an advantage not to be despised in the busy life of a physician. It saves a great deal of mental wear and tear to be able to rely upon simple remedies.
- —According to Mr. Jonathan Hutchinson, it is better, as a rule, not to combine tonics with mercury in the treatment of syphilis, unless called for by special circumstances.
- —Dr. A. M. Phelps, of New York, while discussing the question of rest and motion in the treatment of joint disease, reviewed experiments to prove that prolonged immobilization does not tend to anchylosis, either in healthy or diseased joints.
- —Each melancholic individual has a peculiar facies, which it is difficult to describe, but which, says Dr. Landon Carter Gray, as nearly as can be put into words, consists of a slightly suspicious look, a sadness that is seldom lighted by a smile, and an evident effort in thinking.
- —Mr. Hutchinson thinks there is not the slightest doubt that a patient who has suffered from syphilitic stomatitis, or, for the matter of that, from mercurial stomatitis is, if he persists in the habit of smoking, much more likely than other men to develop chronic sores, which may in the end pass into cancer.
- —According to the report of the committee on the "Results of Treatment of Simple Fracture of the Shaft of the Femur," as presented by its chairman, Dr. Stephen Smith, at the American Surgical Association, 90 per cent. of healthy, uninjured persons have lower limbs of unequal length, and if the shortening, after fracture, does not exceed the extreme limit of difference in the lengths of the natural limbs, viz: one inch, the result of surgical treatment should be considered satisfactory.





LOUIS S. MCMURTRY, A. M., M. D., LOUISVILLE, KY.,

PRESIDENT SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION, 1891.

Compliments of PRACTICE.

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Vol. V.

NOVEMBER, 1891.

No. 11.

Original Department.

A PLEA FOR PROGRESSIVE SURGERY.*

BY

L. S. McMURTRY, A. M., M. D., of Louisville, Ky.

Within fifteen years the entire practice of surgery has been revolutionized. New methods have been introduced and new regions invaded; comparatively recent teachings have become obsolete in practice, and modern treatises recast. The science and art of gynecology, which a few years since was limited to a small and narrow field, has grown into a great branch of medical science and practice. Formerly divided between midwifery and surgery, as a minor branch of one or both, gynecology has become an independent and essential department of the healing art. To promote the study of these two great and growing branches of medical science; to quicken research, and diffuse knowledge among the profession in the Southern States, is the special mission of this Association. Assembled in this historic capital of the Old Dominion, so intimately associated with the grand old colonial times, and with the later severe ordeals of our internecine troubles, we have reason for con-

^{*}Being abstract of the President's annual address to the Southern Surgical and Gynecological Association in Richmond, Va., November 11, 1891.

gratulation upon the success which has crowned our efforts to establish the first and only special society in the South.

It is not my purpose to attempt to recount the advances and triumphs of general surgery or gynecic surgery in recent years. It has fallen to our lot to witness the realization of the hopes of our predecessors who have toiled in these fields in years agone, and to see, in many instances, the perfection of methods hitherto incomplete and inefficient. The highest attained science is established truth; the greatest perfection in art is efficient simplicity. Both are reached only through a long process of evolution, wherein the essential truth is often overlooked and the pioneer work frequently overdone. Neither is it my purpose to recite the influence of the optimist and the pessimist so often found in the ranks of our profession; those who have, as it were, discovered a panacea in some new method or remedy, and those who decry all advancement and find inefficiency and imperfection in everything.

I desire to direct your attention to an abuse of terms, as it appears to me, by which great improvements in our work are obstructed, and injustice done both to surgery and surgeons. I wish to make a plea for

PROGRESSIVE SURGERY.

Webster defines the word "conservative" as follows: "Having power to preserve in a safe or entire state, or from loss, waste, or injury." All will concede at once that in time of peril to health or life this word embodies the purpose uppermost in the surgeon's endeavors, and the object of all his labors. This term is a conspicuous one in surgery, and has been known as "conservative surgery." But of late this term has been made to have a very wide and altogether arbitrary significance, and is often used in antithesis to progressive surgery. Indeed, it has come to be used by certain surgical writers and speakers as synonomous with the word "expectant," to mark methods wherein nature is left unaided in her efforts to resist disease and injury. The word is very winning to the popular

professional mind, as well as to the laity, and in its perverted sense is misleading and deceptive. We should enter a protest against the perversion of the word "conservatism," when that word is used to oppose and retard progress in surgery, the supreme purpose and object of which is "to preserve in a safe or entire state, or from loss, waste, or injury."

A few years ago it was the established usage of surgeons to defer operations in cases of ovarian cystomas until the patient's general health was impaired and she was reduced to emaciation. This was pronounced conservative. When, under the leadership of Bantock, it was urged that the time for ovariotomy was as soon as the tumor was discovered, before complications arose and before the health was impaired, it was regarded as an expression of "the modern craze for operative interference." With the mortality of the two courses before us, which, I would ask, is conservative?

There are certain abnormal conditions of various organs and structures in which the individual can only be rescued from impending death by prompt surgical aid. Such, for example, is a ruptured tubal pregnancy. Here delay and opium and palliatives have been advocated under the misleading plea of conservatism. Is it not the part of conservative surgery to tie the bleeding vessels and remove the disintegrated embryonic structures? In other conditions, wherein safety lies only in surgical interference, it is claimed that surgical aid should be evoked only after prolonged treatment by palliative measures, when the medical attendant has been convinced that he is leading a forlorn hope, and that relief will come, provided it comes at all, from operative treatment. This course, whereby operations are performed upon dying patients, is erroneously called conservatism.

One of the great advances of modern times is in the knowledge we have acquired of the inflammatory diseases of the uterine appendages. More than a quarter of a century ago two able French surgeons discovered and described these lesions and their deadly effects; but the profession did not heed them.

When modern surgery opened the peritoneum to frequent exploration, the truth and importance of the researches of Bernutz and Goupil were realized and accepted.

A large proportion of the Fellows of this Association devote themselves exclusively to gynecology and pelvic surgery. These gentlemen are constantly removing suppurating masses (pyosalpinx and ovarian abscess) from the pelvis. All of us have seen women dragging out a miserable existence with chronic inflammatory disease of the uterine appendages and associated recurrent attacks of peritonitis. We have also seen these women restored to health and activity after years of invalidism by removal of the diseased and disintegrated structures. Moreover, we all know that throughout this broad land every year women perish of this condition of disease for want of operative treatment, and that no other treatment known will cure this class of patients. Yet, under a plea of conservatism, we have heard this great advance in pelvic surgery, this brilliant improvement in our resources for saving life and restoring health, denounced from the rostrum and ridiculed in the medical press. some rash enthusiasts or some injudicious operators should misapply an operation of great worth is not new. The same has obtained with other great improvements in both general and surgical therapeutics. Surely it does not justify inveighing against the operative treatment of such a grave form of disease without discrimination. To allude flippantly to the "castration of women," to "removal of the ovaries," "spaying," etc., is to convey an idea of a great advance in pelvic surgery by which hundreds and thousands of lives are saved, as erroneous as it is unjust.

I wish to record here that no gynecologist, so far as I am aware, advocates or approves the removal of ovaries and tubes except for lesions which destroy the health and usefulness of the individual, impair and destroy the functions, and which are incurable by non-operative treatment. To counsel delay and palliative methods in the treatment of a sac of pus within the peritoneum, enclosed in friable walls growing thinner each day,

is as far from a conservative method of treatment, in the correct acceptation of that term, as one can conceive. To open, evacuate, remove disintegrated structures, and drain, is the application of sound surgical principles, "having power to preserve in a safe or entire state, or from loss, waste, or injury," according to Webster's definition of conservatism.

I would not be understood for one moment to declare that operations for removal of the uterine appendages have not been done unnecessarily. On the contrary, this operation, like many others, has been abused in many quarters. Eager desire for the eclat of a successful laparotomy has led many, who have never seen or recognized by touch a pus-tube, to remove the appendages. This abuse has ofttimes thrown discredit upon pelvic surgery. But we must protest against the wholesale condemnation of a great life-saving procedure and a large and respectable body of earnest practitioners on account of the recklessness of others. Those who are most prominently identified with this work, and who observe the utmost circumspection in the selection of cases, are made the target of criticism.

The operations upon the uterine appendages are the most difficult in the entire field of pelvic surgery. Indeed, when the tissues have been subjected to long-standing inflammation; when the pelvic organs are matted together by organized exudate, and degenerative changes are advanced in ovary and tube, no operation in surgery more severely taxes the resources and endurance of the operator. Normal landmarks are destroyed, intestines are readily torn, and large blood-vessels are opened; all requiring prompt and decisive action on the part of the operator while the parts lie fixed deep in the pelvis.

It seems incomprehensible that one who has performed such an operation for such a serious condition of diseases, or who has seen it performed, could characterize the procedure by the expression, "removal of the ovaries." Hence we must conclude that many who criticise in wholesale terms operations upon the uterine appendages are unfamiliar with the lesions which

obtain in those structures, and in consequence of which the operation should be performed.

It is to be regretted, too, that many who operate upon the pelvic organs have not given more attention to the pathological conditions to which the uterus and its appendages are expessed, before resorting to operative treatment. It is a want of appreciation of the character and variety of lesions to which these organs are subject, an unfamiliarity with the indications for operative interference, which have led to abuse of the operation and sweeping criticism of most valuable improvements in pelvic surgery.

Fortunately for science and humanity, no amount of misrepresentation and unjust criticism can permanently obscure the truth or obstruct the progress of science. Every great improvement in surgery must pass through the fierce ordeal of criticism before emerging into the fixed position of established acceptance. It has been our lot to see, during the past decade, the greatest achievements of modern times in surgery firmly established, despite the fierce criticism and misrepresentation of men and methods. The progress of surgery, like that of all sciences, is an earnest and persistent search for truth.

When Marion Sims announced through the columns of the British Medical Journal that he believed the proper course of treatment in every case of gun-shot wound of the abdomen is to open the abdomen, search for the bleeding points and secure them, and suture intestinal perforations, he was pronounced by many prominent surgeons to be a dreamer. The suggestion of Sims was most timely, and shortly afterwards Bull successfully executed the operation. For years the treatment of opium in full doses had been pursued with death in waiting. Now there is scarcely a State in the Union that one or more patients have not been rescued from certain death by prompt resort to operative treatment. I mention these circumstances to illustrate and emphasize the point which I wish especially to bring before your attention, viz.: that surgery is advanced more by the aggressiveness of the surgeon than by timidity. In the

face of desperate conditions of disease and injury, where there can be no safety whatever in delay and palliation, the only treatment worthy of consideration is the aggressive course which promises success. Under such conditions the most heroic surgery is conservative, and any other course is not conservative.

One of the most convincing arguments as to the efficacy of surgery is that surgeons believe in it. That they do so believe is attested by the promptness with which it is invoked in behalf of their own lives and that of members of their own families. Those members of our profession who are not familiar with operative work, or who do surgery as a last resort, or under protest, are disposed to oppose surgical treatment. They look upon surgery as dangerous, only to be resorted to as a last desperate chance. And they are right to this extent only: It is dangerous when utilized as a last resort, not otherwise. When the whole profession realizes that surgery is at all times conservative, when major operations are performed by those who believe in surgery, and have, by apprenticeship, acquired surgical skill, then will the progress of this great science and art be unobstructed by misunderstanding and misrepresentation.

Society Siftings.

NOTES FROM THE SOUTHERN SURGICAL AND GYNECOLOG-ICAL ASSOCIATION.

Fourth Annual Session held in Richmond, Va., November 10th, 11th and 12th, 1891,

The fourth annual session of the Southern Surgical and Gynecological Association assembled in the hall of the Young Men's Christian Association, in Richmond, at 10 o'clock, November 10th, with Dr. Louis S. McMurtry, of Louisville, Ky., President, and Dr. W. E. B. Davis, of Birmingham, Ala., Secretary. After prayer by Rev. Moses D. Hoge, D. D., of the

First Presbyterian Church of Richmond, the first paper read was one by Dr. J. W. Long, of Randleman, N. C., on

Albuminuria: Its Relation to Surgical Operations.

The subject was treated of under the following divisions:

I. Does an operation ever induce albuminuria in healthy kidneys (a) Through the influence of the anæsthetic employed (b) By the operation per se?

II. Does albuminuria increase the dangers of (a) the anæs-.

thesia (b) the operation per se?

III. Does an operation ever relieve albuminuria by overcoming the condition for which the operation was done?

The author's conclusions were:

1. That neither ether nor chloroform rarely injures healthy

kidneys.

2. That when renal disturbances from the use of an anæsthetic, the kidneys being healthy, do occur, they are due rather to prolonged narcosis, exposure of the patient, or perhaps to the combined influences of the operation and the anæsthesia.

3. That a mild degree of albuminuria or nephritis, especially if recent, is not a contra-indication to the use of chloro-

form.

4. That, even in the presence of advanced and extensive renal changes, an anæsthetic may be employed; provided the patient or family be advised of the additional risk.

5. That of the two anæsthetics usually employed, it is yet a mooted question as to which is the safer so far as the kidneys

are concerned, unless it be in obstetrical operations.

6. That while it is by no means the rule, profound functional disturbance and even organic lesions may be induced by an operation, apart from the influence of the anæsthetic.

7. That such renal changes are due to reflex sympathetic ac-

tion, or sepsis, or both.

8. That operations in several regions, notably the abdominal, genito-urinary, oral or rectal, are especially liable to produce renal complications.

9. That a healthy condition of the kidneys minimizes, but

does not obviate, the danger referred to.

10. That albuminuria is always an indication of renal lesions [see the author's qualification in his remarks closing the discussion] and should be regarded with distrust, but is not a positive contra-indication to an operation.

- 11. That when albuminuria is associated with other evidences of advanced renal changes, no operation should be un-

dertaken without first candidly stating to the patient or friends the dangers incident to the condition of the kidneys.

12. That, parodoxical as it may seem, an operation will some-

times relieve an albuminuria due to acute affections.

13. That no surgeon is justified in undertaking an operation without first knowing the state of his patient's kidneys.

DISCUSSION.

Dr. W. W. Potter, of Buffalo, N. Y., believes this is a question which lies at the threshold of all operations. With reference to chloroform and ether, the surgeon, in his opinion, may feel pretty safe with chloroform when no kidney lesion exists. He has never had a death from chloroform narcosis, notwithstanding the fact that chloroform is said to kill once in every 3,000 cases as against one death in 90,000 with ether. Reference was here made to the extensive use and comparative safety of chloroform in military surgery. A great deal depends upon the anæsthetizer; he should be a man of much experience in the giving of these agents. It is not enough that he have wide experience as a practitioner, he must be skilled in the use of Such a man will give the minimum amount of anæsthetics. an anæsthetic. A great mistake, and one which is often made, is to saturate the room with the anæsthetic.

Dr. Baxter, of Chattanooga, Tenn., considers it very difficult to determine the exact effect of the anæsthetic when intense shock exists. Especially is this true in regard to suppression of the urine. Usually he is inclined to believe that this condition is dependent more upon shock than upon the anæsthetic. He heartily agrees with Dr. Potter about the necessity for a careful anæsthetizer. He seldom uses ether.

Dr. J. S. D. Davis, of Birmingham, Ala., believes that chloroform is the proper anæsthetic to use. Like those who have preceded him he always assigns this work to an experienced anæsthetizer. In relation to albuminuria he does not believe

this condition alone is a contra-indication for operating.

Dr. HUNTER MCGUIRE, of Richmond, Va., does not think that chloroform produces albuminuria. He believes he is within bounds when he says that he has given chloroform 12,000 times, and his experience leads him to the assertion that it is safer than ether. In regard to the statement made by Dr. Potter, he must say, in all deference to the ether advocates, that he knows of no statistics to warrant the assertion that chloroform kills one in every 3,000 while ether kills only one in every 90,000.

Dr. W. F. WESTMORELAND, of Atlanta, does not regard the presence of albumin as having any particular significance un-

less the investigation be carried to a microscopic examination. The albuminuria may be dependent upon a spree the night before or upon the eating of some highly albuminous food. As to the post-mortem appearances, it is very difficult to determine that the hyperæmia existed before death. As to a choice between chloroform and ether, he thinks this will depend very much on the particular patient. His rule is to have the same trained assistant to give anæsthetics, and when possible takes him with him when going out of town to operate.

Dr. C. Kollock, of Cheraw, S. C., has used chloroform 10,000 times without a death, while he has given ether only 200 times and had two deaths. He agrees with Dr. McGuire that no dogmatic utterances can be made about these two agents. He follows Dr. Chisolm's rule in giving a good drink of brandy half

hour before administering either anæsthetic.

Dr. Joseph Price, of Philadelphia, spoke of the safety of chloroform in puerperal eclampsia, but in regard to general surgical uses it is a painful fact that when chloroform does kill it does its work speedily. Another factor which might, in his opinion, be taken into account is the prolonged operation, or what he is pleased to call "chronic surgery." The idea prevails among some surgeons that ether is nearly absolutely safe, and it is often the case that patients are kept in profound anæsthesia for a very long time, and in such cases it is difficult to determine whether the patient dies from the anæsthetic or from too much

surgery.

Dr. Van de Veer, of Albany, N. Y., does not believe that chloroform produces albuminuria, yet it is an agent capable of so much mischief it should be given with the utmost care. When operating on children or strong men he uses chloroform in preference to ether. After all, however, cases must be selected. Certainly if there is any lesion of the kidney, chloroform is to be preferred. With a view to lessening the danger of the anæsthetic, he believes it a good plan always to administer hypodermically beforehand one-quarter of a grain of morphia with one one-hundred and fiftieth of a grain of atropia. He is among that number who believe that ether is the safer of the two. He has never seen a death from ether, but has witnessed one from chloroform.

Dr. H. P. C. Wilson, of Baltimore, has given chloroform for forty years, and his experience is such as to believe it the safer anæsthetic. Take every precaution we will, deaths will occur from chloroform, ether and from the A. C. E. mixture. He too would emphasize the necessity of having a very careful assistant. In all his life he has never seen any bad effect from

chloreform. He stated also that in all his travels through

Europe he saw only one man give ether.

Dr. H. H. Cobb, of Goldsboro, N. C., thinks a great deal depends upon not pushing the agent too far. Of the two he prefers chloroform. His rule is to watch the respirations more closely than the pulse. As soon as the breathing becomes irregular, proceed with the greatest caution.

Dr. Douglass, of Nashville, Tenn., stated that personally he preferred chloroform. Referring to albuminuria he does not believe that this condition per se is any contra-indication to an

operation.

Dr. Marcy, of Boston, is an advocate for ether if for no other reason than that chloroform is so uncertain. When it kills it kills quickly. Your patient may be alive one moment to be found dead the next. Great harm has resulted from the too prevalent idea that "ether is safe" absolutely, and for this reason it has been carried too far.

Dr. Long, in closing this discussion, stated his paper was not intended to be exhaustive. He thinks Dr. Potter sounded the key-note of the whole subject when he impressed carefulness in the administration of anæsthetics. He qualified himself by stating that permanent albuminuria never exists without renal disease.

The next paper was one by Dr. Bedford Brown, of Alexandria, Va., on

Systemic Infection From Gonorrhæa.

The author cited five cases upon which was based the conclusion that there are two channels for the absorption and transmission of the genorrheal microbe in the general system. One is by continuity of surface of the genito-urinary tract. The other being through the medium of the great lymphatic system. This microbe is thus lodged in different parts of the organism, producing suppurative prostatitis, cystitis, urethritis, pyelitis then, pyo-nephrosis; then, through the lymphatics, it sets up lymphangitis and a general septicæmia.

DISCUSSION.

Dr. R. T. Morris, of New York, dwelt upon the importance of curing the urethritis in the deeper portions of the tract if we would avoid many of the troubles that had been enumerated in the paper. For this purpose he has found per oxide of hydrogen in full strength to be an excellent agent after the acute stage has passed. The per oxide hydrogen should first be warmed before being introduced.

Dr. Joseph Price, of Philadelphia, agreed with all Dr. Brown had said. Contrary to the prevalent opinion existing among the masses, gonorrhea is a virulent disease, particularly in its sequelæ. Even in the acute stage death has frequently occurred as a result of prostatic abscesses. He next referred to his very extensive experience in the treatment of this disease while a young physician. Six years of his early professional life had been devoted to the treatment of gonorrhea, and he thinks he is warranted in the statement that he has treated more cases of clap than any other physician in Philadelphia. The records show too that he now treats more cases of pelvic trouble than any man in the Quaker city, and the interesting point was here made that among his numerous cases he had operated on more than one hundred women with pelvic disease who were wives of men treated for gonorrhea by him in his early professional life. A number of cases were cited to show that sterility existed in a very large proportion of the whole.

Dr. Baxter, of Chattanooga, Tenn., takes issue with the author of the paper on two points (1) That gonorrhea is a disease easily cured; and (2) that stricture is cured by drugs. Indeed, he has never known of a case cured by drugs given to

promote the absorption of the stricture.

Dr. VAN DE VEER, of Albany, N. Y., referring to the test for marriage, said his rule was invariably to examine the urine passed during twenty-four hours, and if any signs of pus were found the man was told he was not in a condition that would

prevent contamination of his wife.

Dr. J. D. S. Davis, of Birmingham, Ala., succeeds best with those patients who go to bed. Indeed, he will not undertake a case unless the patient promises to remain in bed. With a view to avoiding generating rheumatism, he washed out the bladder and urethra in two cases by an epicystomy and with the results desired.

Dr. Brown thanked the gentlemen for the generous discussion they had given his paper, which by the way was not designed as an exhaustive essay on the primary treatment of genorrheea. The object sought was to point out the danger of systemic infection. In conclusion, he re-affirmed his belief in the cure of stricture by constitutional treatment.

Dr. Edwin Michael, of Baltimore, read a paper in which he

advocated

Urethotomy Without a Guide.

Dr. HUNTER McGuire, in discussing the paper, said he had never punctured the bladder, and hoped he might always be able

to say he never did. He has found supra-pubic cystotomy a better method of entering this organ.

Dr. J. D. S. Davis has punctured this viscus in a few cases

with success.

Dr. W. E. B. Davis placed himself on record as being opposed to puncturing the bladder, except perhaps, in cases of extreme old age, when an anæsthetic would not be tolerated. In his opinion it is an unsurgical procedure.

Dr. Kollock, of Cheraw, S. C., thinks aspiration in very old

patients is safe and justifiable.

With the opening of the afternoon session, Dr. Westmore-LAND, of Atlanta, read a paper on

Reduction of Dislocation by Manipulation.

Dr. Joseph Price, of Philadelphia, next read a paper on

Complications in Pelvic Surgery, and How to Deal With Them.

In the management of adhesions, he believes the finger to be our best resource. The knife and scissors certainly cannot be used. Violence, too, must be avoided. Coming next to hemorrhage, ligatures will not control it, neither can styptics be used. and surely pressure cannot be applied in the usual way. How then is it to be controlled? By hot-water, as hot as the surroundings will tolerate without cooking them or attacking their vitality. Copious irrigation with hot-water is not, in his opinion, dangerous. Should this fail to check the hemorrhage, we next have recourse to the method of packing the pelviccavity with salicylated or iodoform gauze, taking care that it be applied accurately to the bleeding surfaces. No harm will result if this packing is allowed to remain 60 or 72 hours, provided it is absolutely fresh and clean. It is his experience that the drainage-tube will conduce to the recovery of the patient. This drying of the pelvis by the constant removal of fluids, gives the leaking vessels a chance to recover themselves and become sealed. With the use of the drainage-tube, care must be taken to keep it dry. Dress it often enough to keep the patient dry and clean.

Adhesions to the bowels are to be treated in such a way as to maintain the integrity of the intestines. If the gut is injured, stitch it up carefully with the finest possible silk; no holes are to be left in the omentum, and all stringy masses are to be carefully tied off. Special attention should be given to bringing the omentum down into its physiological position

as nearly as possible. This is very important. The plea was made for exact painstaking work, such as will leave nothing

to regret, nothing to be done over, nothing to explain.

Dr. J. T. Wilson, of Sherman, Texas, has learned many valuable points from Dr. Price's good paper. He does not think, however, that drainage is as necessary as some operators would have us believe. Neither does he consider the employment of antiseptic solutions indicated for flushing out the pelvic or abdominal cavity.

Dr. Marcy, of Boston, took issue with some of the points made by the author of the paper, particularly in reference to the length of time the gauze should remain. He cannot see where the necessity exists for it to be kept so long in place as Dr. Price stated. Then in regard to the drainage-tube, he believes that the admission of air into the tube (coming possibly from some contaminated source) and taking the place of the fluid drained away may set up dangerous infection.

Dr. MICHAEL would not use the drainage-tube indiscrimi-

nately. Thinks cases ought to be selected.

Dr. Price, in closing the discussion, urged, first, the importance of not attempting to do too much at once in bad cases. In his opinion too much operative work is often responsible for many deaths in abdominal surgery. In reply to a question about the length of incision in abdominal wall, he said from two to two and one-half inches will generally give an opening sufficiently large to accomplish what you wish to do. If this is found to be too small it can easily be made larger.

Dr. THOMAS OPIE, of Baltimore, next read a paper giving the

histories of several

Laparotomies Performed During the Past Year.

A commendable feature of this paper was the fact that the unsuccessful as well as the successful cases were reported at length. The author's experience was such as to condemn the

use of the drainage-tube.

Dr. Joseph Taber Johnson, of Washington, D. C., commended the plan of reporting a year's record of cases, yet he believes it is a mistake to report too soon cases supposed to be cures. As to drainage, he cannot accept the sweeping assertion made by the author that drainage-tubes are inadmissible. He would be governed by indications. As to insanity following ovariotomies, he thinks the cases are very few; indeed, no more frequent than after other serious operations in women and men. As to unsexing women, said he "that is all bosh." It is the

disease and not the operation that unsexes her. He condemned the attempts made by some operators to wipe out pus or colloid matter. Flushing out the cavity with hot water, as first suggested by Dr. Price, of Philadelphia, is much better. If after a liberal flushing you should leave behind a half a gallon or more of water in the abdominal cavity no harm will follow

provided the water was clean to start with.

Dr. W. E. B. Davis, without being personal, thought this habit of reporting cases should be discouraged. It certainly benefited the reporters' practice, but unless the fatal cases were included in the list, it was misleading. As to drainage, the fact should be observed that those who drain all the while are in the habit of taking more precaution to keep the tube clean, and also to see that it does drain the cavity well. It has been shown that a peritoneum which has been drained and kept dry is in a healthier condition, and thereby better able to digest a certain amount of germs, consequently there is not so much danger from the admission of air as some of the speakers have imagined. He really doubts whether there ever was a case of pure purulent peritonitis.

Dr. H. P. C. Wilson, of Baltimore, thought too, that all of us learn as much from the report of failures as we do from successes. In his opinion, drainage is not a necessary evil; it depends entirely upon the case. His rule is this: When in doubt, drain. All will admit that when nothing is leaking into the abdominal cavity, drainage is not indicated. He can't see why a man should feel safer because a tube was in when there existed no positive indication for its use. He believes 12 to 24 hours quite long enough for a tube to remain. Contrary to the opinion of many, he stated by the way, he did not believe that pyosalpingitis so necessarily followed gonorrhea. Referring to ovariotomy for the relief of certain forms of mania, he is very positive that it is the thing to do. He has operated on five insane women with perfect restoration of mind.

He strongly advocates flushing the abdominal cavity, especially if adhesions be present. There is certainly less danger

of injuring the peritoneum than by the use of sponges.

Dr. Joseph Price referred to the reaction about "sprays," listerism, "bichloride, "etc., etc., and said it all taught the lesson that we should not pin too much faith upon laboratory experiments. Simplicity in surgical procedure is the thing to aim for. In regard to ventral fixations, he said none of the operations heretofore proposed are to be commended. It should be borne in mind that we can't hitch the uterus, as we could a horse, to a post.

A word as to stitch-hole abscesses: They are due to tight stitches, which sometimes cut as much as half an inch. It is a mistake to include too much skin. As to drainage, he can but emphasize what he has so often said—that there is nothing better than the wet treatment. He has tried both it and the dry treatment. Nothing cleanses better than water. Incidentally, there is no better treatment for shock after gunshot wounds of the abdomen than this hot-water flushing.

As to removal of ovaries for insanity, he heartily agrees with Dr. Wilson on this subject. Many inmates now in asylums might, in his opinion, be cured by ovariotomy. As to unsexing, he fully agrees with the former speaker. It does not change the voice nor give the moustache. In conclusion, he cannot accept Dr. Opie's statement in condemnation of the drainage-tube.

Dr. Opie, in closing, said if there were more young men present he would have reason to fear the result of Dr. Price's remarks about drainage. He is well aware that the tube in Dr. Price's hands is safe, because his admirable success depends upon his wonderful skill in operating and his scrupulous attention to every detail of treatment.

The first paper read on the opening of the second day's proceedings was one by Dr. W. W. Potter, of Buffalo, N. Y., on

A Medico-Legal Aspect of Pelvic Surgery.

He began by saying that pelvic inflammations in women had been discussed from almost every point of view except the one he had chosen. His paper was based upon the history of a young married woman, pregnant, who had fallen into a street excavation; and from the injuries received, the diagnosis had been given by an attendant a fortnight afterward as general peritonitis. Her confinement occurred three months after the alleged fall, when she was delivered by forceps of a still-born child. A few weeks after her accouchment she was seized with pain in the right hip joint, which was finally diagnosticated and treated as coxitis, when, after two or three months, she was declared cured.

A suit for damages against the city was instituted. The prosecution held that the fall caused the still-birth, while the defence claimed that her condition was due to circumstances entirely independent of any injury; that she suffered from recurrent pelvic inflammation; that there was no hip-joint disease and never had been; and finally, that she was not entitled

to damages on that ground. A verdict was given, however, for one-half the amount claimed.

The author called attention to the fact that reflexes pertaining to disease of the pelvic organs were very common, and especially were they prone to manifest themselves in the larger joints, notably the hip and knee. This was what might be expected when the intimate nerve communication between the pelvic organs and hip joint was recalled. These reflexes had often been treated instead of the disease itself, and had been called neuralgia, rheumatism and various other names. Patients have been treated with corsets and braces that were afterwards found to be suffering from disease of the pelvic organs with spinal reflexes simulating Potts' disease.

He emphasized the following points:

I. The intimate anatomical relation between the pelvic organs and the larger joints, especially the hip and knee joints, render them liable to reflexes.

II. The importance of careful primary diagnosis, lest grave errors and possibly disastrous effects result from misdirected treatment.

III. The medico-legal bearing that errors of judgment in diagnosis and treatment may have in relation to the patient as well as upon the reputation of the physician.

Dr. Reed, of Cincinnati, in discussing this paper, said he never did a pelvic operation without thinking of the medico-le-

gal aspects of the case.

Dr. Engelmann, of St. Louis, gave the details of a lady who had been treated for hip joint disease, until one day under anæsthesia it was shown to be a case of reflex symptoms from pelvic disease.

Dr. Westmoreland, of Atlanta, thinks the general surgeon is always safer to call in some specialist in this particular line of trouble, who will confirm his diagnosis before going into a

court of justice.

Dr. Price, referring to ectopic pregnancy, which had been mentioned by one of the gentlemen, said, in his opinion, there should never be any delay in operating therefor. Suiting the word to the action, he once operated upon a lady for ectopic pregnancy while having in his pocket a telegram from her husband forbidding operative interference. He considered it was a matter in which the wife was more interested than the husband. He submitted the question to her, and in obedience to her wishes operated. So firmly does he believe in early operation, he would do the same thing under similar circumstances.

Dr. John A. Wyeth, of New York, made some remarks on

Ether Aæsthetization,

saying that it was the first article of his surgical faith that the most successful surgery rested on the safest anæsthesia. He wished to call attention again to the method of administering ether by means of the Ormsby inhaler, which he exhibited to the association. By its use he believed the objectionable features of ether anæsthesia were practically eliminated. Briefly its superiority was based (1) upon the small quantity of ether necessary; from one to three ounces being sufficient to put a patient "under" for from half to one hour. (2) The vapor was warmed by the patient's expired air, thus preventing in great part any inflammation in the respiratory tract from cold ether vapor. He had used it for more than a year, and no method of inhalation of ether had given him such satisfaction.

Dr. Howard A. Kelly, of Baltimore, read a paper entitled

Hand Disinfection.

His paper was based on laboratory studies, and his investigations had taught him that suppuration was caused by microorganisms, and if you prevent the invasion of these germs you prevent suppuration. Bi-chloride solution 1 to 100 and 1 to 500 used on the hands failed to destroy these germs, although it inhibited their further growth until the salt was removed. No agent had been as efficient as permanganate of potash applied to the hands in saturated solution colored by a saturated solution of oxalic acid. If these solutions are not at hand he recommended thorough scrubbing with soap and water, which would remove in a mechanical way many of the germs, thereby lessening the number that might contaminate a wound.

[Dr. Kelly's paper will appear in an early number of Practice.] This paper was discussed by Drs. Wyeth, Marcy, Buckmaster Davis and Englemann, who thought Dr. Kelly was moving in

the proper direction in this important matter.

Dr. I. S. Stone, of Washington. read a paper entitled:

The Pedicle in Hysterectomy; How Formed; Its Subsequent Behavior; Its Final Condition.

After describing the different modes of disposing of the pedicle, he expressed his preference for the internal method, but admitted, however, the great success obtained by Dr. Joseph Price, with fixing the pedicle in the abdominal wound. This paper was discussed by Drs. Ross, Morris and Price.

Next followed Dr. Thomas Addis Emmet, of New York, the honored guest of the Association, in an elaborate paper on

Injuries to the Pelvic Floor and the Method of Repairing the Same.

It is difficult to give a synopsis of this paper without the illustrations which accompanied it, and which were lucidly explained by Dr. Emmet. Suffice it to say, however, that the operation as now done by him is, in the main, the same as that described in the first edition of his book, except that in the new operation he does not include any portion of the labia when taking the stitches.

The subject was discussed by Drs. Price, Marcy, Kelly and Buckmaster, all of whom expressed themselves as indebted to the eminent author for all they knew about restoring the pelvic

When Dr. Emmet was called on to close the discussion, he said: "Mr. President, I worked so hard on this subject last week I feel that my own perineum is all gone."

Following this, Dr. C. A. L. REED, of Cincinnati, read a

paper on

The Surgical Treatment of Anterior Displacements of the Uterus.

This paper dwelt upon the surgical relief of anteflexion caused by and complicated with cystocele and perineal insufficiency. He recommended an operation which had been devised by him, and by which the vesico-vaginal septum was narrowed in the usual way for cystocele, but in which the denudation was carried higher, involving the upper portion of the vaginal wall and the anterior surface of the cervix, and in which the cervix thus denuded was stitched to the vaginal wall.

He recommended preliminary treatment by rest, pelvic depletion and massage for the relief of this condition within the ligaments. In those cases in which symptoms from pressure, obstructed dysmenorrhea and sterility persist after the correction of the trouble within the ligaments, he recommended an operation in which the posterior lip of the cervix is divided up to the vaginal junction, an ellipse of tissue removed from either side, a longitudinal suture passed through either lip from its lower angle to the upper angle of the incision and tied. The os being drawn upward and backward and the uterine canal being thus straightened.

Dr. Joseph Taber Johnson, of Washington, D. C., then read a paper on

The Growth of Fibroid Tumors of the Uterus After the Menopause.

The object of this paper was to put on record cases and opinions in opposition to the teaching of the text-books and opinions generally held, viz: that uterine fibromata cease to grow or to give rise to symptoms after the menopause. Within the past five years he had seen a dozen or more women over fifty years of age who had been advised against any radical operation, and told that as they grew older they would get entirely well. A number of cases were reported, and in many of them post-mortem examinations revealed that the tumors had undergone calcareous degeneration, some being as hard as bone; others were in a state of cystic degeneration containing foul smelling fluid. These conditions exert powerful pressure upon the peritoneum and abdominal visera ureters, etc. These complicating disturbances are more fatal in women past fifty years of age, and their powers of resistance are less, and the abdominal visera cannot reasonably be expected to so safely tolerate these interferences and long continued pressure after the childbearing period has passed.

This paper warranted the following conclusions:

1. That the "rule" stated in the text-books, that uterine fibromata cease to grow after the menopause, has many more exceptions than is generally supposed.

2. That when they continue to grow after the menopause they

pursue a more disastrous course than before.

3. They more frequently become cystic, calcareous or have

abscesses developed in them.

4. The conditions requiring operation according to well known rules of surgery, the patients are in a less favorable condition for recovery than before the menopause.

5. If the above conclusions are admitted to be true, it must

follow that they furnish additional indications.

Dr. Engelmann commended the paper, and urged operation before all the complications arise. He believes, however, that fibroid tumors are as apt not to grow as they are apt to increase at the menopause.

Dr. Price believes that the complications are due to delay in operating, and he urges the removal of all the appendages when

in fibromata an operation is demanded.

Dr. George J. Engelmann, of St. Louis, read a paper entitled

Thinness of Uterine Walls Simulating Extra-Uterine Pregnancy.

Two cases were reported. The first revealed a hard movable tumor, which was thought at first to be a tumor on the uterus. Treatment was expectant. Later (the 5th month) the parts of a child were discovered.

The second case was even more like extra-uterine pregnancy or a distended tube. There were no symptoms of pregnancy.

Dr. L. S. McMurtry, of Louisville, Ky., thought Dr. Engelmann's paper a most timely one. He recalled a case very much like those reported by the author of the paper. He differs with Dr. Engelmann, however, as to the use of the sound in any case of suspected pregnancy. This instrument is of little aid in the diagnosis of any pelvic tumor or disease, and it is capable of producing great harm. Even in careful hands it is very easy to perforate the uterus and penetrate the abdominal cavity. There is nothing which the sound discloses in diagnosis which cannot be more reliably determined by the bi-manual touch. In his opinion, certainly, the sound should never be used in a case of suspected pregnancy.

Dr. Rohe, of Baltimore, concurred with Dr. McMurtry in all he had said about the sound. It was an instrument of harm

even in skilled hands.

Dr. Engelmann, in closing, agreed with Dr. McMurtry as to the danger of the sound even in the hands of the ablest gynecologists. He believes also that bi-manual palpation under anæsthesia safer. He does not understand how the absence of uterine tissue should invalidate the diagnosis of extra-uterine pregnancy.

Dr. R. T. Morris, of New York, read a paper on the

Removal of Necrotic and Carious Bone with Hydrochloric Acid and Pepsin.

An opening was made directly down the dead bone and a large sinus formed. All other sinuses were led into this large single one when possible, and at the end of a week, when granulation of the walls of the sinus had begun, the cavity was injected with a three per cent. solution of hydrochloric acid in distilled water. The frequency of injections varied with the case. If the patient be confined to bed they can be made every two or three hours. By injecting at intervals of two days an acidu-

lated pepsin solution, the decalcified bone is digested and can then be removed.

Dr. Landon Carter Gray, of New York, read a paper entitled:

The Modern Aspects of Intracranial Surgery.

The speaker first passed in review our present knowledge of localization of functions of the brain, stating that we were well acquainted with the functions of the motor area, of the third frontal convolution, the frontal lobe, the island of Reil, the two upper temporal convolutions, the cuneus, certain portions of the basal ganglia, the base of the brain and the cerebellum, and that we knew nothing, or had still under discussion the question of the localization of the centres for the sensations of touch, pain, muscular sense, temperature sense, most of the parietal lobe, and most of the tempero-sphenoidal lobe, with the exception of the olfactory lobe. He stated that operations for fracture of the skull, with or without hemorrhage, for abscess and for tumors that were removable and localizable were usually successful: those for so-called idiopathic epilepsy were valueless, as were also those for epilepsy supposed to be due to genital or ovarian irritations, whilst those done for epilepsy due to removable and localizable lesions of the intracranial contents were usually successful so far as the lesion was concerned, although it was a grave question as to whether the epileptic habit was ever cured. The latest operation for idiocy supposed to be due to premature ossiffication of the fontanelles was still under discussion and consideration, the cases being too few and too recent to permit of any conclusion; whilst the operations for hydrocephalus and for epilepsy, due to such early infantile and fœtal lesions as porencephalus, hemorrhage and meningitis, were indefensible. He further impressed upon surgeons the great difficulty that there often was in finding a subcortical lesion of the centrum ovale that was deep-seated or small, and the fact should be borne in mind that there might be no decussation of the motor fibres from the hemispheres, so that a lesion would be found upon the same side as the paralysis.

Dr. Westmoreland, of Atlanta, referring to explorations for cranial tumors, stated as his experience that even those soft tumors which often elude the surgeon's touch with the usual probe may be located if a vacuum be made at the end of the exploring needle. Have a hollow needle-probe connected with an apparatus for exhausting the air, and in this way the soft

tissue will be readily drawn into the vacuum. Of course the smallest probe possible is indicated and it must have a rounded point. He thinks operations for epilepsy unjustifiable unless there be history of injury. Even without accident there are

cases of roughness of bone on the cranial surface.

Dr. Hunter McGuire was much interested in Dr. Gray's paper. He then reported the case of a negro man upon whom he operated soon after the close of the war. The man lived two years and died of typhoid fever. His history was this: He had been in an asylum and had not been known to utter an articulate sound since the reception of a head injury received a long while before. There was depression of skull. He trephined. On entering his room the next morning the patient, in reply to the doctor's salutation, said: "Where is the army to-day?" Dr. McGuire asked him "where was it yesterday?" "At Manassas" was the reply.

Thus there had been six years of an absolute blank. The fact was afterwards substantiated that he had been struck on the head by a piece of cannon ball while in the battle of Ma-

nassas.

Dr. Gray, in closing, said it was not his purpose to deal with the surgical aspect of the subject at all. In regard to nervous reflexes it is possible to get response from clinical inquiry, but he is no believer in nervous reflexes as a cause of epilepsy.

Dr. PAUL BARRINGER, of the University of Virginia, read a

paper entitled

Venomous Serpents of the United States and the Treatment of Wounds Inflicted by Them.

The next paper was one by Dr. Geo. Ben. Johnston, of Richmond, Va., on

Imperforation of the Rectum.

The infant upon whom Dr. Johnston had operated was exhibited to show the good results obtained.

The last paper on the programme was one by Dr. Chris Tompkins, of Richmond, Va., on

A Case of Induced Abortion for Relief of Nausea and Vomiting, With Remarks.

Officers for 1892.

For President, Dr. J. McFadden Gaston, of Atlanta; First Vice-President, Dr. C. Kollock, of Cheraw, S. C.; Second Vice-President, Dr. Geo. Ben. Johnston, of Richmond, Va.; Dr. W. E. B. Davis, holds over as Secretary.

Place of Next Meeting, Louisville, Ky., With Dr. Louis S. McMurtry as Chairman of Committee of Arrangements.

After the adoption of resolutions of thanks to the local members of the Association, the profession generally of Richmond, the representatives of the daily press, and the medical journals for courtesies rendered, the Association adjourned sine die.

Notes of Hospital Practice.

[Reported by Our Special Correspondent.]

NEW YORK HOSPITAL NOTES.

The Surgical Treatment of Epilepsy. - Dr. Benjamin Sachs. of the New York Polyclinic, has had a good deal of experience as consulting neurologist in cases where the question of trephining for epilepsy has arisen. He would not advise an operation in so-called idiopathic epilepsy, but it will be remembered that he finds fewer belonging to this class than are attributed to it by some authorities. For instance, on closer inquiry into the history than is usually made, it will be found, in many instances, that the patient in childhood had a paralysis: that this disappeared, while epilepsy remained or developed afterward. Here was plainly an anatomical basis for the epilepsy. more exact our knowledge became, the fewer would be the cases in which there was not a known anatomical basis for the epileptic convulsions. He thinks this anatomical change will usually be found to consist in a secondary sclerosis of the cortex of the brain. Since he regards excision of the supposed affected portion of the cortex in focal epilepsy of doubtful propriety (Victor Horsley's case being about the only permanently successful one), the question of an operation becomes largely one of prophylaxis. In a case of injury to the head for example, it was very desirable to trephine immediately and raise any depressed portion of bone or correct any lesion which might or might not be apparent before the operation, and by so doing avoid, if possible, secondary sclerosis and epilepsy. While it is more than possible that a secondary sclerosis has already developed where epilepsy has made its appearance, yet the further progress of the change and perhaps a cure of the epileptic attacks may be effected in cases giving a definite history of

trauma, or of focal or Jacksonian epilepsy. His success from surgical treatment had limited itself nearly altogether to improvement, and this had not uniformly taken place.

The Safety of Trephining.—In this connection it may be well to say that Dr. M. Allen Starr, of the College of Physicians and Surgeons, recognizes greater danger in trephining for epilepsy than does Dr. Sachs. He has known of at least two deaths within a comparatively recent period, taking place in patients who entered the operating-room in good health except for the epilepsy, the trephining being done by a surgeon of reputation and skill. While Dr. Sachs claims safety for trephining in adults, he admits that children withstand cerebral surgery badly. In four cases of microcephalus in children in which a surgeon operated under his counsel as neurologist, three died. Dr. John A. Wyeth regards trephining in adults as a safe procedure.

What May Best be Done in Carcinoma of the Breast.—Dr. Joseph D. Bryant, of Bellevue Hospital Medical College, says that if it is desired to attain the greatest degree of success in the treatment of carcinoma of the breast, the patient should consult a competent physician as soon as any nodule or sign of the disease is noticed. The physician should hold an immediate consultation, a microscopical examination should be made at once if the diagnosis were doubtful, and then the diseased tissue be immediately removed, the incision passing an inch outside the line of apparent disease. The axillary lymphatics should be excised whether the glands were or were not seemingly enlarged. Any recurrence of the disease should be met in the same prompt manner.

Dislocation of the Astragalus.—This accident is of rare occurrence, yet Dr. J. W. S. Gouley, who is on the staff of Bellevue Hospital, has encountered seven cases, in four of which reduction was successfully performed. In the other three it was made impossible by numerous complicating fractures of the limbs. Dr. Gouley simply advises persistent, gentle, steady manipulation of the foot while an assistant makes traction on the thigh. Great force is not required. In his last case only five minutes were required. Of course the patient is anæsthetized.





Vol. V.

NOVEMBER, 1891.

No. 11.

Editor-J. F. WINN, M. D.-Proprietor.

ALL ARTICLES must be short and practical, and, when possible, authors are requested not to exceed 1000 words.

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Dr. J, F. WINN, Richmond, Va.

Some Gynecological Fallacies.

Under this caption in the October *Medical Mirror* occurs a leader, which, we have reason to believe, is from the pen of associate editor, Dr. L. S. McMurtry, of Louisville. So thoroughly are we in accord with his views on this subject, we make liberal quotations.

The first fallacy noted is the assumption that every woman who complains of pain in the back or who suffers from headache at the advent of the menstrual period is the subject of uterine or ovarian disease. He shows that these phenomena are part of the physiological disturbance incident to this important function, and are more or less violent in proportion to the temperament of the individual and the condition of the system at Rest in bed and quietude of mind for the nervous symptom, a saline cathartic and a sitz-bath to relieve the pressure of pelvic congestion, will beget speedy relief and put the patient on her feet in a day or two in good condition. the greatest errors common in medical practice, he believes, is the routine method of resorting to the hypodermatic use of morphine in dysmenorrhea. The secretions are impeded and the excretory functions arrested, thereby protracting an indisposition which the simple treatment above indicated would promptly relieve. More important still is the tendency to repeat the dose of opium at each recurring period until the patient administers the remedy to herself and the habit soon fastens itself upon her. There are certain conditions of the uterus wherein a mechanical impediment to menstruation may necessitate an examination of the pelvic organs and treatment. These cases are not very common, and the symptoms are, as a rule, so marked and persistent that their significance cannot be mistaken. The custom of making vaginal examinations of young girls for menstrual irregularities and functional disorders of various degrees is worse than a fallacy; it is a grievous wrong.

The common practice of using the speculum and sound in every case of disease of the uterus and adjacent organs wherin an examination is positively indicated is based upon a fallacy. The routine examination with cylindrical or bivalve speculum is almost useless as a diagnostic resource. To view the uterine cervix pushed from its normal position by the speculum can give the observer but a meager idea of existing intrapelvic disease. The rents made during labor by the passing head, which mark the multiparous cervix, only exceptionally require treatment; yet for many years the cervix has been cauterized and scarified under the fallacious idea that this physiological condition was an ulcerative process. Such lacerations may extend deep into the uterine tissues and require surgical interference. These cases are exceptional, and are readily recognized by the induration and reflex disturbances which distinguish them from the superficial lesions coming within the physiological limit

The uterine sound gives the physician but little trustworthy knowledge of uterine disease or displacement. It is a dangerous instrument capable of conveying infection to the endometrium, which can extend by continuity through the fallopian tubes to the peritoneum.

As a method of diagnosis the bimanual touch is incomparably superior to examination with speculum and sound. With the patient placed upon a firm table, with the pelvis slightly elevated so as to permit the intestines to gravitate toward the diaphragm and in the dorsal position, two fingers introduced within the vagina can thoroughly explore the pelvic organs. With the fingers of the other hand pressed firmly down upon the abdominal wall just above the pubic bone, the uterus and its appendages can be outlined, and the position, size and mobility of these organs, the presence or absence of morbid growths, their consistency and character, can be accurately ascertained. The knowledge thus acquired surpasses in scope and accuracy that obtained from examination with speculum and sound. Moreover, it is free from the danger of infection.

One of the most inexcusable fallacies current in gynecological practice, says he, is that a lacerated perineum which involves fascia and muscles, is of no consequence. He has known a physician to advise a patient suffering with such a lesion and its distressing sequelæ to wait until the child-bearing period is over before having the lesion repaired. When the muscles and fascia composing the pelvic floor are torn, often involving the sphincter muscles of the anus with the attendant distress and mortification, the sooner it is repaired the better. Few lesions can produce more misery than a deep laceration of the pelvic The support upon which the pelvic organs rest being torn asunder, these organs gradually descend toward the outlet. The uterus first falls downward with increased tension on its ligaments and interference with its venous circulation; then the bladder protudes into the vagina, and likewise the rectum, with prolapse of the uterus, cystocele and rectocele, the woman is miserable when on her feet and tormented with the reflex nervous disturbances attending such lesions.

Finally, it is also a fallacy to suppose that an operation which does not restore the integrity if muscles and fascia will cure the rectocele and cystocele, retain the uterus in position, and restore the patient to comfort and activity.

The Southern Surgical and Gynæcological Association-

Which convened in fourth annual session in this city November 10, 11 and 12 was, in point of scientific work, second to no

medical meeting of its kind in the United States. Everything was favorable to that end—first of all in its possession of such progressive, untiring and accomplished officers as the president, Dr. L. S. McMurtry, and the secretary, Dr. W. E. B. Davis. The local committee, too, of which Dr. Hunter McGuire was chairman, left nothing undone to contribute to its full measure of success. Surely the South has good reason to be proud of her Southern Surgical and Gynæcological Association.

The Social Features of the S. S. and G. Association.

During the recent session of the Southern Surgical and Gynæcological Association not only did the local Fellows of the Association and the members of the profession of Richmond and Manchester do their part nobly for their distinguished guests at the Westmoreland Tuesday evening and at the general banquet at Murphy's Hotel Thursday evening; but Drs. Hunter McGuire and George Ross entertained the Association at their magnificent residences in real old Virginia style, the former Wednesday evening and the latter at luncheon Thursday. Drs. Hugh M. Taylor, George Ben Johnston and Lewis Wheat informally entertained a few friends at luncheon. Everybody had a good time, and we say to one and all we were glad to have you come and sorry to have you leave. New friendships were formed and old friendships were strengthened. We hope you will come again.

The Photo-Engraving of Dr. McMurtry.

Our readers will appreciate the photo-engraving of Dr. Louis S. McMurtry found in this number. We must apologize, however, for a serious defacement which happened to the electroplate just before going to press. This will explain what appears to be a scar on the face; and but for the lateness of this number, which was held back for the Southern Surgical and Gynæcological Association, we would present an unblemished engraving. With that exception it is a good likeness of one who stands in the front rank of gynæcologists both in this country and abroad.

Thompson's Bromine-Arsenic Springs Water.

It surely must have been very gratifying to the genial manager of this renowned mineral water company, Mr. Lewis W. Burwell, to receive from not a few of the distinguished gentlemen in attendance upon the Southern Surgical and Gynæcological Association their voluntary attestation of the curative properties of this, the king of tonic, alterative and sedative waters. Its liberal distribution as drinking water during the sessions served to remind them of its wide application and the cures they had been able to effect by its use. As was said of it: "It has no equal as an alterative water."

The Virginia Pharmacal Company.

Among the exhibits at the Southern Surgical and Gynæcological Association none received greater commendation than that of the Virginia Pharmacal Company, of Richmond. Their handsome display of Fluid Extracts, Elixirs, Tablets, etc., as well as their specialties, notably Pancropeptine and Antiseptine, were most favorably commented upn. The latter finding a wide application in the lines of work of the specialists present was greatly admired. We congratulate the Virginia Pharmacal Company no less for the beauty and excellence of their preparations than for their selection of so live and faithful a representative as Mr. John W. Pierce, of this city.

Personal Echoes of the Southern Surgical and Gynæcological Association.

- —Dr. W. W. Potter is the genial editor of the *Buffalo Medical* and *Surgical Journal*. During the late unpleasantness he was a prisoner in Libby prison. His style is chaste and pointed.
- —Dr. Kollock, of Cheraw, S. C., has probably the best record of abdominal sections of any man in the South—forty-eight operations and only two deaths. That accounts for his happy, smiling countenance.
- —Dr. Douglas, of Nashville, Tenn., is reputed to have what few doctors possess—money. He has, in addition, a special

weakness for Virginia trained nurses, having in his private hospital three graduates of St. Luke's Hospital of this city.

- —Dr. McMurtry has the Irish brogue born in him. He tells a good joke about a rich, plain Irishman who gave his daughter a lawn tennis party. No man in the Association has warmer friends and more of them; and no man in the Southwest has achieved greater eminence in gynecology than he.
- —Dr. Landon Carter Gray, of New York, is proud of his Virginia ancestry. He studies the cerebral evolution and development of every one with whom he comes in contact. He says Hugh Nelson is a natural born orator; speaks from his heart and touches the hearts of his auditors with a heart. Says Tom Moore speaks from his brain and affords a rare intellectual treat.
- —Dr. Engelmann, of St. Louis, has the polish and ease of manner of a Frenchman. He was a classmate of our townsman, Dr. J. A. White.
- —Dr. Ross, of Canada, is a bright man, and in his talks shoots right at the mark and hits it plumb.
- —Dr. Long, of North Carolina, read the opening paper, which, by the way, showed great care in its preparation. He is small in statue but big in brain. The profession of his State should be proud of him.
- —Dr. Marcy comes from the "Hub." He is a polished speaker, and when he talks he always finds attentive listeners. He strikes you as an unselfish, self-sacrificing, liberal-minded man who makes friends and keeps them.
- —Many who met Dr. Howard A. Kelly, of Baltimore, for the first time were surprised to meet so young a man. He is a good talker and an enthusiastic worker. He has a record of five Cæsarian sections without a death.
- —Dr. H. P. C. Wilson, of Baltimore, has many friends in Virginia. After the reception at the Westmoreland Club he said he just wanted to catch some of the Richmond physicians in Baltimore. The Doctor felt good.

- —Dr. Haggard, of Chattanooga, Tenn., expressed himself as feeling just as happy as he could be.
- —Dr. Brooks Wells, of the editorial staff of the American Journal of Obstetrics, New York, won many hearts by his modest, gentlemanly bearing.
- —Dr. Gaston, the president-elect, was an old army surgeon. He is now one of the progressive surgeons of the South, and the Association will continue to prosper under his able direction.
- —Dr. Bedford Brown, of Alexandria, Va., is among the most scholarly writers in his State. He is brimful of ripe, practical experience, and his friends delight to learn from him.
- —Dr. Van DeVeer, of Albany, N. Y., is a close observer, a diligent student, a successful operator, a good speaker. To sum it all up—a good all-round man.
- —Dr. Joseph Price, of Philadelphia, knows what he is talking about when on the subject of pelvic surgery. He has his convictions, and is not afraid to give expression to them. He is an exceptionally painstaking and successful surgeon. Virginia delights to claim him as one of her sons.
- —Dr. W. E. B. Davis, the promoter and genial Secretary of the Association, has a strong hold on all the Fellows. He has done a great work for the South.
- —It was the regret of his many friends that Dr. John A. Wyeth, of New York, had to make his visit so short. Few men have a stronger hold on the hearts of Virginia doctors than he.
- —Dr. Robert T. Morris, of New York, has a way of putting things which is strong and convincing. He is a worthy representative of progressive surgery, having given us a method of dissolving dead bone, and we confidently expect him to give us very soon a way of dissolving gall-stones in the gall-bladder.
- —Dr. R. C. Shultz, of New York, added many more to his list of friends. He was too modest to take a very active part in the proceedings, but he was doing good work in a silent way all the time.
- —Dr. Michael, of Baltimore, is, perhaps, the largest man in the Association. He strikes you as one of sound judgment and liberal attainments.



Vol. V.

DECEMBER, 1891.

No. 12.

Original Department.

FILARIA SANGUINIS HOMINIS.*

(THE DISCOVERY AND PREVALENCE OF THE DISEASE IN THE UNITED STATES.—REPORT OF TWO NEW CASES.)

BY

R. M. SLAUGHTER, M. D., Theological Seminary, Va.

The discovery within the short period of one month of two new cases, both in natives and life-long residents of Virginia, of a disease heretofore unrecognized in this State, or, indeed, in natives of any State north of South Carolina, has led me to look into the literature of the subject, and to present, along with a report of these cases, a brief sketch of the disease, with special reference to its discovery and prevalence in the United States.

Filaria Sanguinis Hominis, a name given some years ago by Dr. Lewis, of Calcutta, designates a pathological condition which is characterized by the presence in the organism of an embryonic animal parasite, which may usually be found in the blood during certain hours of the day, and which is termed the filaria sanguinis hominis. This parasite is an entozoon belonging to the order of the nematodes or round worms. That it is, as it is often termed, a hematozoon, in the true signification of the name, is scarcely to be accepted, as it is now well known that the adult helmiuth has as its habitat the lymph vessels, while the embryos are not constantly found in the blood, but

^{*}Read at the meeting of the Medical Society of Virginia, at Lynchburg, Va., October 6th, 7th and 8th, 1891.

are often present in lymph and lymphous exudations, and besides, the chief manifestations of the presence of the parasite in the body of the human subject are disorders of the lymphatic system. The most common manifestation of the disease in this country is chylous urine, a condition of the urine presenting a more or less milky appearance. Chylous urine is in some cases at times accompanied with traces of blood hemato chyluria. This condition, which is quite commonly observed in certain tropical and sub-tropical countries, was for a long time a puzzle to physicians, but has been made clearer by the discovery that in almost all cases filaria are to be found in the blood.

A study of the literature of the subject indicates that the discovery of the first embryo-filaria fell to the lot of Dr. Otto Wucherer, of Bahia, Brazil, August 4, 1886.

In March, 1870, Dr. T. R. Lewis, of Calcutta, made an independent discovery of living nematoid parasites in chylous urine of a patient of Dr. Lyons, of Calcutta. Some specimens of these were sent to Dr. Parkes, who showed them to Professor Busk, who suggested that they probably belonged to the family Filaridæ.

Drs. Parker and Charles, of Calcutta, in the course of the next few months, both found similar specimens in chylous urine of patients, and in 1872 Dr. Lewis again discovered filaria in the blood of a patient.

From that time on observations have multiplied, and the parasite has been discovered in, and is probably indigenous to the following countries, or at least to certain portions of them: India, Australia, Egypt, China, Natal and the South Coast of Africa, Brazil, the West Indies and the Southern States of the Union.

The literature of the subject has also grown until it has reached quite extensive proportions, its bibliography comprising more than 150 articles.

The discoveries to which we have so far referred have been to the embryonic form of the entozoon. A discovery of adult filaria was made by Dr. Lewis on the 7th of August, 1877.

Dr. Manson, of Amoy, China, in October, 1880, describes a live, active adult female as "a long, slender, hair-like animal, quite three inches in length, 1-100 of an inch in breadth, of an opalescent appearance, looking like a delicate thread of catgut animated and wiggling. A narrow alimentary canal runs from a simple club-like head to within a short distance of the tail, the remainder of the body being entirely occupied by the reproductive organs. The vagina opens near the head and divides into two uterine horns, which stuffed with embryos in all stages of development, run backwards nearly to the tail. Under the microscope the embryos can be seen escaping from the vagina. The animal is, therefore, viviporous."

The adult male is of smaller size and possesses a spermatic tube.

The habitat of the adult entozoon is the lymph vessels. How it gets into them was for a time a matter of conjecture. now, however, pretty clearly proven that it enters the human stomach by means of drinking water, and makes its way instinctively into the lymphatics by boring through the tissues. Some authors think they prefer as a habitat the lymph trunk, others the distal vessels. Once in the lymph vessels, if there be present a male and female, or an impregnated female, the embryos soon begin to be produced, and are probably borne along by the lymph stream passing through the glands and carried into the blood. They may also reach the blood vessels by boring through the tissues. The embryo is said to be about 1-75 of an inch long and 1-3500 of an inch in breadth, just about the diameter of the red blood cell. In its earlier stage of development it is in the form of an egg, being coiled up in a sac. It does not ultimately rupture and escape from this sac, but simply uncoils itself and lengthens out, stretching the sac with it. The worm is capable of lengthening and contracting itself within its sac, as at times it is seen to fill it entirely, at others a considerable length of empty sac may be seen at either or both extremities. The embryo undergoes no further development in the human body.

As regards the further development of the embryos, it seems proven that the mosquito furnishes the medium. It is an established fact that filaria are to be found in the bodies of mosquitos that have sucked the blood of filaria-bearing indi-Some of the parasites survive the digestive processes of its host and develop herein. This development of the embryo has been observed and watched by Dr. Sonsino, of Cairo. These insects suck and carry away the filaria, and afterwards seek water wherein to deposit their eggs. The parasites either escape with the extruded eggs or are liberated by the death of their host. Thus it may be seen how the parasite may be transferred from person to person through the media of mosquitoes and drinking water. Another remarkable fact in connection with the existence of the parasite in the blood is that generally none can be found therein during the daytime. They begin to appear in the blood in the evening and gradually increase in numbers until midnight, after which time they become fewer, and entirely disappear by 8 or 9 o'clock A. M. Dr. Manson has remarked that this periodicity coincides in an extraordinary manner with the periodic nocturnal visits of the mosquito.

Dr. MacKenzie has calculated that as many as from thirty to forty millions of these embryonic entozoons may be present in blood at one time. What becomes of them when they disappear is not certainly known. Some have supposed their disappearance to be due to their death; while others, probably more correctly, attribute it to their retiring into the lymphatics.

As regards the discovery of the parasite in our own country, we find nothing authentic until 1884. It is true, that as early as 1868, Dr. J. H. Salisbury reported the finding of an entozoon in the human bladder, * which he described as a new species of nematode, and designated it *Trichina Cystica*. There can be little doubt, from his description and from the illustrations accompanying his paper, that Dr. Salisbury was the original discoverer of the parasite in this country. Indeed, his discovery was prior to that of Lewis. He has, however, failed to receive the credit that is probably due him.

^{*} Amer. Jour. Med. Sciences, No. CX., April, 1868, p. 376.

While stationed in Charleston, S. C., in 1885,* he noticed that certain conditions here existed that were favorable to the indigenous life of the parasite. These conditions were the climate, the constant commercial intercourse between that city and the West Indies, that elephantiasis was not an infrequent disease, that mosquitoes were abundant, and that unfiltered cistern water was generally used for drinking purposes. He, therefore, began an outlook for filaria, and suggested his suspicions to the local practitioners. It should be here stated that some years prior to this, while in Florida, Dr. Guiteras had discovered filaria in the blood of four persons from the Island of Cuba. Other cases have been reported, making the total number in the United States 23.

Early in August of the present year (1891) it fell to my lot to discover the first case in a native of Virginia. One month later I discovered a second case.

CASE I. L. F., white, a maiden lady, aged about 65 years, born in Richmond: has lived in various parts of the State, and for the past 25 years at the Theological Seminary, Fairfax county. In August she returned from a visit to Richmond, looking and feeling very badly. She was anemic and worn out; had some diarrhoea and fever at times, and complained of feeling weak and tired. As simpler treatment failed to relieve her, I asked for a specimen of her urine, fearing some kidney trouble. An examination showed that it contained blood and chyle and numerous embryo-filaria, but was normal in other respects. This was then a case of hemato-chyluria of filarial origin. Careful inquiry into her past history has elicited no other facts directly bearing upon the case. It may, however, be worthy of mention that some twenty or more years ago she became suddenly quite deaf, and remained so for several months, when an abscess formed in the mouth, and on being opened the deafness disappeared. About two weeks ago a small alveolar abscess formed above the upper incisors. This, I lanced, and examined the pus, finding several filaria. The treatment has been purely symptomatic and her general condition is much improved. The case will be kept under observation.

CASE II. Mrs. —, white, aged about 45 years; born in Fredericksburg, Va.; has lived for the last 20 years in Alexandria, Va.; has

^{*}The Filaria Sanguinis Hominis in the United States, Chyluria, Med. News, April 10, 1886, p. 399.

been recently treated by her physician, Dr. Purvis, for hysterical paralysis. She imagined that she had Bright's disease, and a specimen of the urine was sent me by Dr. Purvis for microscopic examination. This urine I found to be chylous, and to contain numerous embryofilaria. So far as I have been able to ascertain, chyluria is the only symptom which presented itself. In neither case have I yet been able to examine the blood.

From these two cases, I have been able to examine numerous specimens of the embryo-filaria. Most of these were quite perfect, but in only one specimen was the sac at the extremities visible. All showed the digestive tract running through the body.*

The principal manifestation of the presence of filaria in the human body is chylous-urine, alone, or associated with hematuria. In the 25 indigenous cases referred to chyluria was found to be the chief symptom in 13; hemato-chyluria in 3; hematuria in 2; chylocile in 2; scrotal elephantiasis or lymphscrotum in 1. In several cases chyluria was the only symptom present; in others it was associated with lymphangitis, enlarged groin glands, dysentery, diarrhea, or lumbar pains, etc. Fever and chills may be present at times. In four cases heart-murmurs and dropsy have been noted, and in one of these the patient died. Unfortunately, however, no autopsy was obtained, since it would be very interesting to know whether the filaria had any connection with the cardiac lesion, for it has been ascertained by Drs. de Saussure and McGinnis, of Charleston, that ascites which seems to arise from the collection of adult filaria in the heart occurs in dogs. Dr. de Saussure states that filaria are common in the dogs of Charleston, and are identical with those in man.

Of the 25 cases named, 9 were colored males; 6 were colored females; 6 white males; and 4 white females. Seventeen of these persons were married and all have children. In only one instance have two cases been found in the same house. As to social condition, only four of these persons belonged to the better class.

^{*}An excellent photo-micrograph made for me by Dr. W. M. Gray, Surgeon-General's office, Washington, of an average specimen, was exhibited to the Society.

In the warmer countries, where the disease is quite common, many pathological changes and conditions are assigned to be a consequence of filaria. Dr. Bancroft* enumerates the following long list: chyluria, hematuria, anemia, tuberculosis, hydrocele with milky fluid, varicocele, elastic tumors of the axilla and groin, lymph vesicles bursting on the scrotum and abdomen, skin diseases, acute orchitis, lymphangitis with fever, erysipelatous lymphangitis leading to hypertrophy of the skin, elephantiasis of the scrotum, abscesses of the scrotum, glands of the neck (like struma), of the lymphatics of the arm and thigh, intrapelvic abscesses, peculiar steatoma of the face, venous varix, cerebral abscesses and other lesions of the brain.

The prognosis, in spite of this formidable list, does not seem to be so bad as might be expected. "Recovery seems to be the rule," says-Lanceraux. "The cure takes place spontaneously in consequence most probably of the death of the parent filaria. A fatal termination is rarely brought about by the infection. More often it results from phlegmasic complications which are prepared for by the bad condition of general nutrition." It is stated that one person has been known to have lived up to the age of 80 years after having been the hostess of filaria for 50 years.

It is needless to say that the diagnosis can only be made with the microscope.

Society Siftings.

When Shall we Operate for Appendicitis?—At a recent special meeting of the Philadelphia County Medical Society the subject of appendicitis was under discussion. At this special meeting was Mr. Thomas Bryant, of London, who was then visiting this country, and his views will be found later on.

^{*}London Lancet, Feb. 15, 1879, p. 222.

Dr. Thomas S. K. Morton's paper was limited to the operative treatment. He formulates this good working rule: To operate not later than the third day of the disease, if the patient up to that time has failed to markedly improve under rest, restricted diet, purgation, and topical applications. Especially should this rule be adhered to in cases where we have failed to move the bowels—these are apt to be the fatal ones. Further than this, we should invariably operate as soon as the presence of pus is assured; when peritonitis is developing or spreading; when signs of sudden rupture of an abscess into the peritoneal cavity appear; and where septicemia from septic absorption is taking place. In children, operation must often be performed earlier than in adults, as with them the malady is more speedy in development, more fatal in tendency, and shows a greater proclivity to involve the general peritoneum.

He emphasizes the point that pain is not a reliable symptom (especially when opiates have been administered) from which to judge as to whether the patient is better or worse; most weight should be given to the strength, temperature and condi-

tion of the bowels, stomach and general abdomen.

Mr. Treves urges that operation shall not be done until the fifth, sixth, or later day. Dr. Morton thinks this is too late. Treves argues thus, because few deaths occur before the fourth or sixth day. These cases, however, really begin to die the third, fourth, or fifth day, although death may not actually take place before the sixth or later day, when the possibility of benefit from operation has passed. If the case is progressing well and operation is being postponed, it should be watched and observed frequently and most carefully, for we cannot predict at what moment an appendix abscess may perforate into the peritoneum, or other dangerous complication arise, that will instantly demand operation.

If the case is operated upon early, the chances of recovery, as a rule, are exceedingly good. The mortality of appendicitis during the first forty-eight hours is almost nil, and the operative death-rate at that time is equally low. Later both rates increase, but the former much more rapidly than the latter. The patient, in this disease, is generally strong and well up to the moment of seizure, at which time the danger of operation per se is at the minimum. Such mortality as results in operations for appendicitis, has been mainly incident to undue delay. When physicians and surgeons generally have learned definitely to recognize such cases as are operative at a time before the vital forces have been too much sapped or dangerous

complications have arisen, then will the mortality rate of both

disease and operation remain steadily at a low figure.

Then, again, the local conditions, from an operative standpoint, are much less serious in the early stages. We have at first simply a swollen appendix, with infiltration, and, perhaps, a few adhesions. We then do not have to deal with fetid abscess, foul surroundings and sloughing tissues, which may have given rise to intestinal gangrene and other complications, as well as to the impossibility of securing primary union of the wound. Hernia is more common as a sequel in cases where the operation is performed late, and where the surroundings are gangrenous, and we can only secure healing by secondary intent.

The cry of every writer is for earlier operations. Almost all surgeons mourn cases that were operated upon too late. No case appears where a mistake in diagnosis has been made, despite the awful array of affections which has been drawn up as liable to render uncertain the recognition of appendicitis. On the other hand, very many cases opened with the expectation of finding other disorders have proved to be appendicitis.

How Shall we Operate for Appendicitis? There are two classes of cases to be dealt with. One, the acute, where there is perhaps abscess, perforation, or general peritonitis; and, second, those where operation is undertaken in the interval between acute attacks, as a prophylactic measure. The indications for

the latter will be considered separately further on.

The preparations for the operation are usually of a hurried nature, on account of the active nature of the disease and the sudden determination that operation has become imperative. Locally the abdomen should be cleansed as for any other operation.

All writers now agree that the incision should be lateral. Median incision is only permissible when diagnosis from other abdominal disease is not clearly made out, as where we have had suddenly developed, violent peritonitis arise without obvious cause. Even should the median incision have been made, and the affection prove to be appendicitis, especially if septic, a lateral incision should still be resorted to, for it is exceedingly difficult and dangerous to drain septic appendicitis cases through a median incision, and often it is impossible to deal with complications, or with the appendix itself, except by a more direct route.

This incision should be about three or four inches in length, and terminate one inch and a half above Poupart's ligament. It should be carried down to its full extent through the right linea.

semilunaris until the peritoneum is reached, avoiding, if possible, the epigastric artery, which normally would be situated on the inner side of the lower extremity of the wound. reached the peritoneum, if one does not at once get into the abscess cavity, we must exercise great caution not to open the gut by mistake. Sometimes adhesions will be found binding intestine to the peritoneum in the line of incision, and in these cases it is well to go at once to the lower or upper extremity of the wound, get into the general peritoneal cavity, and work upward or downward, as the case may be, to the cecum, when all adhesions can be separated by the finger or knife, and the peritoneum opened to the full extent of the external incision. Of course, the incision should be increased in size if there is any difficulty in getting into the peritoneal cavity, or subsequently if difficulty arises in any manipulation from lack of working room. But as a rule, the smaller the incision the better, because of the less risk of subsequent hernia. The head of the colon is then sought If now it is found difficult to determine the site of the appendix, the longitudinal muscular bands of the colon may readily be followed down to their termination in the root of the appen-Then by careful manipulation one can usually trace the appendix, even through a mass of dense adhesions, and dissect it out. As a rule, in acute cases the organ will be found more or less free in the cavity of an abscess, with its tip, perhaps, adherent to omentum or bowel. The appendix is to be dissected out with the finger, and often we do not see it until it is brought out of the wound ready to be ligated off. This manipulation closely corresponds to the modern one of removing the uterine appendages.

What shall be done if the appendix is found to be bound down by a dense mass of adhesions, and if it would take a long dissection and endanger life from the time required to complete the operation? Under these circumstances he would advise that the appendix be left alone rather than run any great risk of the patient's life to complete an ideal operation. We are often compelled to operate to save life, and that alone, even if we do run the risk (as of leaving the appendix) of recurrence. The operation is not complete in any case unless the appendix is removed, and we should never hesitate to dissect out or remove the organ simply for fear of opening up the general peritoneal cavity.

Excision of the Appendix.—If appendix can be excised, the question arises as to how we shall deal with it after separating all adhesions. In septic cases it will be found usually impossible to invaginate the stump, after cutting away the appendix,

into the cavity of the cecum and approximate peritoneum to the remaining opening. Where we operate between attacks, the appendix, as a rule, can be dealt with in this manner and the invaginated stump retained by a few Lembert sutures, approximating the surfaces of the cecum over the aperture. When, however, the organ and its surroundings are swollen and gangrenous, the conditions are such that it is generally impossible to invaginate the stump. It has seemed quite sufficient in these septic cases to ligate the appendix a quarter of an inch from its root with strong silk, and then cut off both the appendix and the ligature ends. But ligatures will neither become absorbed or encapsuled where septic conditions are present, and he has seen the threads coming out of the wound months afterward from persistent sinus or by ulceration. So it occurred to him to resort to the old surgical procedure of leaving one end of the ligature hanging out of the wound. Chronic ligature sinuses assist in the production of hernia by interfering with solid union.

Frequently the appendix will be found with a mes-appendix. This should be ligated en masse or in sections, and cut away from the appendix. Then the appendix is ligated at its base and removed. Removal of the appendix is almost universally recommended, but Mr. Treves has simply straightened an appendix which he found angulated by adhesions and left it in the wound. Mr. Tait has practised in more than one case splitting open the appendix and inserting a fine drain-tube into it. From these instances it will be seen that there exists in some minds an almost superstitious fear of removing the appendix. Certainly no sentiment can exist concerning the ablation of the appendix such as there is in regard to the ovaries and Fallopian tubes. Having the appendix once in hand, it does not add to the danger of the operation in the least degree to remove it, while recurrence of the disease is thereby rendered impossible.

Occasionally the appendix is found to have sloughed off at its root, leaving a ragged opening into the cecum. In one or two cases the edges of the opening thus left have been inverted and closed successfully by Lembert sutures. In others the wound was left entirely open and packed with gauze; an intestinal fistula or artificial anus formed, but in time closed spontaneously. Yet another required a subsequent operation and Lembert sutures before it was cured.

Some surgeons recommend that in septic cases a little flap of peritoneum be sewed across the stump, or that it be tucked under a bit of omentum. There is no advantage in this. It prolongs the operation and does no good, while by so doing we risk the formation of a secondary abscess pocket. Very many appendix stumps have been simply dropped into the wound again after ligation; fecal fistula did not form, and the wound closed satisfactorily.

Any portions of gangrenous omentum presenting in the wound should also be ligated beyond the junction with healthy tissues and cut off. Any small openings into the peritoneal cavity may next be sewed up carefully if the general peritoneum

does not require drainage.

In regard to Irrigation: if the general peritoneal cavity has been opened extensively, or if it is septic, it should be thoroughly washed out through the lateral incision. If it has not been involved, the abscess cavity and wound alone should be irrigated. Under the latter circumstance we may employ a strong bichloride solution, but if the peritoneum is to be flushed,

nothing but water should be used.

If the general peritoneum has been septic or extensively opened or manipulated, it is essential to use drain-tubes to the base of the pelvis. The ordinary straight glass tubes do not answer well, and rubber is not satisfactory. Angulated and curved glass tubes are better. The angle makes it possible to get the tube to fit well over the brim of the pelvis, yet not to project awkwardly from the lateral wound. By attaching a few inches of rubber tubing to the end of the ordinary cleans-

ing syringe, the bent tube can readily be cleaned.

The suturing of the wound is especially important if the case is not a septic one. Then the tissues should be sutured layer by layer; this gives the best assurance of firm primary union and the avoidance of hernia. If, however, the wound is septic, and drainage or packing is employed, secondary union is inevitable. It is important that the wound be as carefully sutured as possible in all cases, leaving ample room for exit of the drain-tube or packing. But simple packing with strips of double cyanide or iodoform gauze will be found to answer all purposes of drainage in cases where the general peritoneum does not also require drainage.

Some surgeons advise using no stitching in septic cases, but simply packing of the entire wound with gauze. But by suturing we can usually secure primary union in a portion of even a foul wound, and temporary stitching has appeared to give a certain anchorage and support to the subjacent intestines, which, when the sutures are removed, is more or less retained. The stitches, of course, are to be removed, one or more at a time, when swelling, infiltration, tension, or deficient drainage,

becomes apparent. Strips of adhesive plaster should be employed to give the wound support and approximation during

Complications, such as gangrene of intestine or mesentery, must be dealt with upon general principles of abdominal surgery. If intestinal obstruction complicates the case, the site of obstruction should be ascertained, and the condition relieved, if possible, before closing the wound. Cases in which obstinate constipation has existed up to the time of operation, should be examined during its performance for possible obstruction.

Should peritonitis develop subsequent to operation, and not speedily yield to active purgation, the wound must be reopened, and the abdominal cavity irrigated thoroughly and drained. Continued obstruction could probably be best dealt with through a new median incision rather than through the original wound.

As soon as the patient comes out of ether, if the bowels have not been well emptied before operation, it is his custom to at once begin the administration of one-eighth grain doses each of calomel and podophyllin, at twenty-minute intervals, until purgation is accomplished. Later, salines may be employed if required.

Full strength peroxide of hydrogen solution has given him great satisfaction for cleansing and washing the wound cavity when suppuration commences and sloughs are forming—it greatly facilitates the separation of the latter. [Marchand's

peroxide of hydrogen is recognized to be the best.

Persisting fecal fistula usually close spontaneously in time. Should they not, then reopening of the parts several months later, and suturing of the cecal or other opening with Lembert's sutures, is indicated, and has proved successful in several in-

Prophylactic operative treatment.—The indications for this measure are: Constantly recurring attacks (usually indicative of the presence of a foreign body in the appendix), which interfere with the individual gaining a livlihood, or render his life a constant burden, worry, and expense to him; also, where recurrent attacks have taken place in those, as seamen, hunters, explorers, etc., who are liable to be again attacked when they may be out of reach of adequate surgical aid. this class of patients, operation during quiescence of the disease should be considered, and, perhaps, urged by the medical attendant. In most other cases he does not think excision of the appendix should be often attempted in the quiescent period. We should rather counsel delay until the onset of the next acute seizure, when we can conscientiously urge the removal of the offending organ at once—that is, on the first or second day. This advice is given principally because of the great difficulties and dangers frequently encountered in operating during the intervals of attack when the adhesions are

extremely dense.

Dr. WILLIAM PEPPER discusses the subject more from the standpoint of a pure medical practitioner. He believes that if every case of appendicitis were operated on, the mortality would be ten-fold what it now is. He bases this statement partly upon the classical researches of Dr. Fitz, who has clearly demonstrated that in a large proportion of cases of right iliac trouble the appendix shares in the disease, if, indeed, it is not the starting point of the malady. As a general rule, these cases recover under medical treatment, and remain permanently well afterward, no surgeon being associated in the treatment of the case. He thinks that the vast majority of cases, in first attacks at least, undergo resolution and terminate with some more or less permanent injury to the appendix, but without going on to the production of abscess, provided the treatment be instituted early and be kept up faithfully. many of these cases there is early development of induration and fullness in the right iliac fossa, and in proportion as this appears early, is it likely that the case will run a favorable course, or, if later it develops signs of suppuration, it will admit of treatment by the simple Willard Parker extra-peritoneal In proportion as the symptoms are violent, without localizing phenomena in the right iliac fossa, is there danger that rupture of an abscess has occurred, to be followed by the development of general peritonitis. Where this latter condition exists the early operation should be done. The operation of laparatomy for disease of the appendix, whether it is exploratory or radicle, is not a trifling operation, and it is an operation attended with a great deal of danger, even in the hands of the most brilliant operator. He protests against the view that, as soon as the diagnosis of appendicitis is made, an operation should be encouraged.

He believes that it is possible to note the time in a certain large proportion of such cases, when the symptoms indicate the spread of inflammation, and then the operation cannot be too

promptly performed.

The question of diagnosis' remains, in spite of all the good

work that has been done, a most difficult question. The Mc-Burney point he believes to be largely without value, uncertain in its location on account of the very varying relations of the appendix, apt to be mistaken for points of tenderness due to wholly different causes, and apt possibly to be mistaken for sympathetic tenderness of nerve points in the abdominal wall. He, therefore, believes that this sign, from which much was hoped, will prove to have very little positive diagnostic value.

The rectal examination is of very material value; it is true not so early as we could wish, but in many operative cases he has found the roof of the pelvis altered as determined by a careful

rectal exploration.

Dr. Keen takes exception to what Dr. Pepper said in reference to not calling in a surgeon in a case of appendicitis until operation is needed. He thinks that it is of the most urgent importance that the surgeon be called in not to do an operation, but for consultation, for his judgment rather than his knife—not necessarily to do a laparatomy immediately—but for the purpose of being ready to deal intelligently and promptly with the conditions when the time for operation arrives. We should have every point at our fingers' end and be familiar with the fluctuations of the symptoms. Then our aid will be much more valuable than if we are called in only when the emergency for operation has arisen. A plain case every one can read and decide quickly. It is the doubtful cases that need carefully weighed decision—a snap judgment on a sudden call is more apt to be wrong than right.

Mr. Thomas Bryant, of London (by invitation), said he assumed that the term appendicitis as here used included all those cases which have been spoken of as typhlitis, perityphlitis, and by other names, all of which have probably more or less connection with the appendix itself. Although a surgeon, he agrees very strongly with the observations of Dr. Pepper. He is convinced that operative treatment is most valuable in appendicitis; is equally convinced that delay in operating is the wisest course in the majority of cases. The cases that have a slow and steady progress, that begin with localized pain in the right iliac fossa, accompanied with tenderness and soreness, less swelling, without any very acute symptoms, are cases which you must feel can be dealt with satisfactorily without the surgeon's knife; I do not say without

the surgeon's aid, but without the surgeon's knife.

Referring to the use of calomel and podophylin, he prefers to follow the line of treatment suggested by Dr. Pepper and not give calomel and podophylin in frequently repeated doses. Would rely more upon rest, belladonna externally and opium internally, and diet, believing that by such means the bulk of the cases are permanently cured. In exceptional cases where these good results do not occur and graver symptoms appear, the swelling increases and symptoms of peritonitis develop, the surgeon's aid becomes of immense value, and certainly where these symptoms do appear and there is a steady progression toward the bad, it is unquestionably time for the surgeon to take a hand. In all acute cases he has no doubt as to the right of the surgeon to interfere. I have seen cases where within thirty-six hours after such acute symptoms it was necessary for the surgeon to expose the part and let out the inflammatory fluids, if not remove the appendix itself.

In reply to the question in regard to the propriety of operating, whether or not the surgeon is justified in operating between the attacks, his judgment would decide in the negative. In the majority of cases there is no second attack. If there is a second attack it can be treated on the same lines as the first, only there is a tendency toward interference if the symptoms do not settle down rather rapidly. In fact, we must be governed by each case itself, and we should surgically interfere only when we find small chances of nature terminating the case

guided by medical skill.

In severe cases should we disturb the parts so much as is often absolutely necessary? He has always felt that in these cases we should do more harm than good if we searched too far for the appendix. Is satisfied with well irrigating the part and

treating it by the open method.

Dr. J. M. Baldy has always thought that it was not so much a question of the diagnosis of appendicitis, as the differentiation between the operative and the non-operative cases. The diagnosis of appendicitis per se is extremely easy. As far as symptoms are concerned, there is one of fixed value, and that is, constant, deep-seated pain in the right iliac fossa, with induration. In such a case there is little question but that there is inflammation in or about the head of the cecum, and, presumably in the majority of cases, in the appendix.

He believes that the McBurney point is utterly worthless as a reliable point in the diagnosis. It is one of those attempts at refinement in diagnosis which are apt to lead only too many astray. He tried to apply McBurney's point, but failed in every

case.

He thinks that purgation is of distinct value. It may not

be curative, but in every case, whether abscess is present or not, it gives great relief. At the same time, if the patient was suffering, he would not hesitate to use opium until the purgation had acted, or after it had acted in case of necessity. The amount required is not great, and will not interfere with the purgation. Those cases in which it is difficult or impossible to

induce purgation, are going to do badly.

Dr. Joseph Hoffman: McBurney's point has been condemned, but the reasons have not been given. The position of the appendix varies. You cannot lay your finger on any especial point and say that there the appendix should be found. We must remember that the appendix revolves in three planes, and that, therefore, it may have three systems of revolution. We cannot expect to find the appendix always in the same position. This anatomical fact forever blots out McBurney's point.

DR. PRICE (closing the discussion) rejoiced that in America we have adopted some of Mr. Bryant's surgical wisdom in regard to appendicitis, as well as in regard to hernia. "If you

find a man hanging, cut him down."

Deaths from appendicitis are very numerous; indeed, more so than a year ago. They were then called typhoid fever, but

now our methods of diagnosis are more accurate.

Mr. Tait's recommendation of drainage has been referred to. That would be as bad surgery as to drain a huge pus tube. The cheesy, disorganized appendage remains. No one would cut down on a sequestrum in bone disease and simply put in a drainage-tube.

The McBurney point is wholly ununiform and worthless.

Kernels of Current Literature.

[This department does not represent every article appearing in current medical literature, but the effort is made to give the cream of the most practical papers found in our exchanges for the current month.]

The Binder or No Binder for the New-Born.—The Creator made the abdominal walls of a child elastic for a purpose, namely: To expand and protect vital organs when the little one cries, coughs or strains. If let alone, does it usually rup-

ture? No. In crying or straining, the walls distend evenly in all directions, thus protecting the feebler portions, where hernia is apt to occur. The binder prevents this even distribution of force, hence the whole energy of the straining comes on certain parts of the walls that are weaker, and which, unfortunately, the binder does not protect, and hernia is the result. It is the bandaged baby that becomes ruptured.

Suppose the binder is used for warmth alone, and is applied loosely, what happens? We undress our infant to find the binder up under the arm-pits and the abdomen exposed. I have yet to see the necessity for any binder at all, unless to retain the dressing about the navel, and that only for a few days.

The best dressing for the navel, I think, is a simple pad of dry, antiseptic, absorbent cotton, wrapped about the cord, and left secured with a turn of a roller bandage or a piece of adhesive plaster.—Dr. Frank Parsons, of Boston.

Three Diagnostic Symptoms of Melancholia.—Dr. Landon Carter Gray, of the Polyclinic, has made many additions to his first statistics going to show that there are three diagnostic symptoms of melancholia. When all these are present the diagnosis may be considered definite; sometimes one is absent. They are: melancholy, insomnia and post-cervical ache.

Peritonitis or Biliary Colic?—Dr. E. C. Janeway, of Bellevue, who is distinguished as a diagnostician, when speaking of the diagnosis of peritonitis, emphasizes the fact, which is often overlooked, that fever when present is not always indicative of peritonitis and of absence of biliary colic. In a number of cases which have come under his observation there has been elevation of the temperature connected with biliary colic, due probably to the same cause which gives rise to fever on the passage of a calculus through the urethra.

Pelvic Fistulæ.—There are scattered throughout the country quite a number of cases of pelvic fistula in women which had their origin in an abscess, or diseased tubes, or perforation of the bowel, or the leaving of a drainage-tube too long following laparotomy, etc., which heretofore gynecologists have hesitated about operating upon because of the uncertainty of the result. It will be of interest to these patients to know that so much advance has been made in pelvic surgery that to-day Dr. W. Gill Wylie believes he can treat such cases with as small a mortality as follows removal of the uterine appendages in an ordinary case of pyosalpinx.



Vol. V.

DECEMBER, 1891.

No. 12.

Editor-J. F. WINN, M. D.-Proprietor.

ALL ARTICLES must be short and practical, and, when possible, authors are requested not to exceed 1000 words.
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A Substitution Fraud.

What can be done to stop the infamous practice of a few druggists in some parts of the country of direct falsifying about the preparations prescribed? Several instances of this kind have been reported in medical journals, but the most recent and flagrant imposition is that which was practiced by a Chicago druggist. The physician prescribed Marchand's Peroxide Hydrogen, which is put up for the convenience of the purchaser in quarter-pound, half-pound and one-pound bottles.

The facts regarding this fraud are obtained from The Doctor, published in New York city. They are these: Mr. Marchand, during a recent visit to Chicago, called at the store of E. H. Sargent & Co., No. 125 State street, with a well-known physician, who asked for a four-ounce bottle of Marchand's Peroxide of Hydrogen, medicinal, and received one of the firm's fourounce bottles, containing a colorless liquid in which there was a very perceptible sediment. On the side of the bottle the clerk had pasted one of the firm's labels, having printed on it the words "Hydrogen Peroxide," and over these words he had written-" Marchand's."

We are informed that the analysis made by Dr. H. Endeman on the 13th instant of the contents of Sargent's bottle, labelled Marchand's Hydrogen Peroxide, shows that the drug is a little more than half the strength of the genuine Marchand's Peroxide of Hydrogen, medicinal, and besides the amount of sulphuric acid contained therein is four times as much as the amount of acid contained in the genuine Marchand's preparation.

Is it to be wondered at that Mr. Marchand, who has succeeded in producing a peroxide of hydrogen for medicinal purposes more nearly perfect than any other preparation on the market, and that has come so extensively into use by all branches of the profession, should feel aggrieved at this bold theft of his reputation?

Let physicians, everywhere, satisfy themselves that neither they nor their patients have been imposed upon when a specific medicinal product is prescribed.

Bovinine---

Has a wide application as a nutritive agent. In typhoid fever and in phthisis it is highly commended. In the diseases of children, too, the experience of many has been unique. On this point Dr. Boardman Reed, of Atlantic City, says he has found it the best substitute for milk when an infant, on account of vomiting or purging, or both, makes him suspect the presence of the poisonous ptomaine, tyrotoxicon, in its milk. It is then his custom to withdraw all other food, relying entirely on Bovinine taken with plain water. In this way it always agrees with the child.

The Physician's Visiting List for 1892-

Issued by P. Blakiston, Son & Co., stands foremost, as it always has done, among publications of its kind. It has everything to commend it; compactness not at the expense of completeness.

"All Around the Year 1892."

This is the title of a most charming calendar composed of heavy, gilt-edged cards, tastily tied with white silk cord, and a delicate silvered chain attached, by which they may be hung on the wall or elsewhere, and are so arranged on rings that they may be turned over as each month shall be needed for reference.

It is a study for an artist—in fact, twelve studies in art, of original and beautiful designs, and worked out in the highest style of the printer's art.

On the cover we are introduced to two quaint little figures, elbows on knees, as they sit reading in each other's eyes all the secrets of '92. Our February tot has outgrown St. Valentine, it seems, and looks at Love's winged messenger as scornfully as tip-tilted nose and chubby cheeks will let her.

And so for each month of the year there is a pretty design and appropriate sentiment.

Altogether, it is a charming piece of work, a thorough pleasure to the eye, and sure to win a welcome wherever it goes.

They are of convenient size, four and one-fourth by five and a half inches, and in their neat boxes take the lead among the calendars of the season. As a holiday gift there is none prettier or daintier, equally suitable for the library and office, or "my lady's chamber."

Plain Talks to Physicians.

What would be thought of a lawyer with an important case in hand who would take no measures to secure the presence of his most important witness on the day of his trial; or the soldier, who, with the most approved weapons, was careless of his ammunition? Theirs would be short careers. And yet the physician with life dependent upon his efforts, equipped with a thorough medical education, with a full appreciation of the case in hand, and who, with reliable drugs could effect a cure, often prescribes his remedies with no knowledge of their maker, and therefore of their quality. Is this common sense or common prudence? Do you purchase your hat or your coat after this fashion? Certainly not; then why your medicines? Have you ever thought of it in this light, Doctor?

You must know that there are reliable and worthless pharmaceuticals. Your druggist may be perfectly honest in his convictions that his stock is reliable, but too few pharmacists ever test the quality of the drugs purchased? Many are influenced to sell an inferior quality through the greater margin of profit in it. The only safe rule is to specify, in prescribing, the product of the manufacturer that you know to be absolutely reliable, and see that your request is carried out, and that your druggist keeps in stock the products you want.

Parke, Davis & Co. claim that their facilities for securing the highest quality of drugs and their preparations are unequalled. They guarantee every unopened package from their laboratory absolutely as represented.

Regarding some of their products they make the following terse statements:

Anodyne Pine Expectorant, P., D. & Co., is a most efficacious combination in pulmonary and bronchial troubles.

Pepsinum Purum in Lamellis, P., D. & Co., is the standard pepsin.

Soluble Elastic Capsules of Cod-Liver and Castor Oils, P., D. & Co., are acceptable to any patient.

P., D. & Co.'s Cocaine Case Improved is very convenient.

Cascara Cordial, P., D. & Co., is an agreeable remedy where a laxative is suggested in the treatment of constipation.

Fluid Extract Ergot, P., D. & Co., is the most reliable fluid extract of this drug.

Normal Liquid Ergot, P., D. & Co., is always uniform and absolutely reliable.

Nitrate Amyl Pearls, P., D. & Co., are effective in angina pectoris, spasmodic asthma, syncope, etc.

Pancreatin, P., D. & Co., is concentrated, uniform and effective. Sugar Test Flasks, P., D. & Co., are a great convenience in the examination of urine.

Fluid Extract Licorice, Fluid Yerba Santa Aromatic, P., D. & Co., for disguising quinine, are the most satisfactory preparations in the market.

Warburg's Tincture, Special, P., D. & Co., is valuable in malarial affections.

Coca Cordial, P., D. & Co., is a palatable remedy in nervous diseases.

Mosquera's Beef Meal, P., D. & Co., is the best concentrated food; easily digested.

Elixir Succinate of Iron, P., D. & Co., is the most desirable form in which to administer iron.

Mosquera's Beef Jelly, P., D. & Co., is better than any beef extract.

Mosquera's Beef Cacao, P., D. & Co., is just the thing for the convalescent.

Syrup Trifolium Compound, P., D. & Co., is a valuable alterative.

Malt Extract with Cod-liver Oil, P., D. & Co., is palatable, permanent and effective.

CHEMICAL FOOD is a mixture of phosphoric acid and phosphates, the value of which physicians seem to have lost sight of to some extent in the past few years. Robinson-Pellet Company, to whose advertisement we refer our readers, have placed upon the market a much improved form of this compound, "Robinson's Phosphoric Elixir." Its superiority consists in its uniform composition and high degree of palatability.

—Dr. W. Thornton Parker, of Manchester-by-the-Sea, Mass., writes, under date of October 5, 1891, that antikamnia is no longer a stranger to the medical profession, but is daily winning laurels in its mission as "opposed to pain."

Briefly stated, it is indicated in cephalalgia, neuralgia, attacks of acute rheumatism, locomotor ataxia, sciatica and the disorders of menstruation accompanied by pain. In the treatment of malaria, typhoid and other fevers, it is fast winning its way. In the treatment of diseases where it is important to exhibit quinine, the action of antikamnia will be found especially desirable in preventing the disturbance of the nervous system so frequent when quinine is given in large quantities.

Indeed, to state the merits of antikamnia more fully, it would be necessary to mention all the diseases in which pain is a prominent symptom. It can be used advantageously in the treatment of the various forms of hysteria where bromides have been indicated heretofore.

So far as my experience goes, we need not anticipate unfavorable after-effects; its action is soothing, tranquilizing, and diminishes the tendency of the rise of the bodily temperature. Antikamnia has been found by Dr. Alvord, of "The St. Louis City Hospital," especially valuable in the treatment of phthisis.

Its anodyne action is admirably shown in the treatment of the insomnia of neurasthenic patients and for the treatment of many cases of sleeplessness in overworked business and professional men.

Lawson Tait's Simple Surgery.—When preparing a patient for abdominal section Mr. Tait never allows the patient to see the instruments or preparations for the operation. A deal board resting upon two trestles is sufficient for a table. On this are laid a folded blanket and a couple of pillows. The patient is secured to the table by a couple of webbing belts, one tied tightly just above the knees and the other passed round the forearms. A light warm wrapper is placed over the limbs and a clean towel over the chest, and another towel is placed over the wapper, and upon this the instruments are laid. In regard to instruments two things have to be regarded: scrupulous simplicity and scrupulous cleanliness. His whole armamentarium consists of simple little knives, simple catch forceps, a simple canular trocar, and, for the special operation of hysterectomy, a simple wire clamp.



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